

Return this form to:  
Caring Days, P.O. Box 3049, Tuscaloosa, AL 35403 or Fax (205) 752-6841

**Project Lifesaver Alabama**  
A Program of the Tuscaloosa County Sheriff's Office  
And Caring Congregations

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Name of Project Lifesaver Client \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M / F Race: \_\_\_\_\_

Nickname/s \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair color \_\_\_\_\_

Most Recent Place of Work: \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Living / Deceased (circle)

Does client have a driver's license? \_\_\_\_\_ License number \_\_\_\_\_

If client doesn't speak English, what language do they speak? \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Telephone \_\_\_\_\_

List any Physical and Psychological Problems \_\_\_\_\_

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**Contacts**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_