

## Care Trak Program Agreement

If the applicant named on page 2 of this Agreement (hereinafter the "Applicant") is accepted into the Care Trak Program, the following terms shall apply as agreed to upon the signing of this Care Trak Program Agreement:

I, the caregiver signing this Agreement on page 2, acknowledge that I am the caregiver of the Applicant and that the information I have provided is true and accurate to the best of my knowledge. All information provided has been given voluntarily, and I consent to the collection, use and disclosure of such information for the purposes of Care Trak. Furthermore, I hereby represent and warrant that I have full power and authority as the duly authorized representative of the Applicant, to register the Applicant into the Care Trak Program and act on his/ her behalf. My Power of Attorney is attached, if needed.

Therefore, in consideration of the mutual promises and obligations contained herein, the sufficiency of which is acknowledged, the parties agree as follows, each to their respective obligations :

1. I understand and agree that when I enroll the Applicant in Care Trak, that it does not replace the need for constant supervised care of the Applicant. I am, and remain, primarily responsible for supervised care and take full responsibility of protecting the Applicant from wandering. I also understand that I, or another caregiver, must be present with the Applicant at all times.
2. I understand that Care Trak equipment is designed to be an additional aid to help locate a missing person and that there is no warranty, representation or guarantee that a person will be found because they are wearing a Care Trak bracelet. Care Trak equipment is designed to provide law enforcement personnel with an additional technology in attempting to search and rescue of persons suffering from diminished mental capacity or other disability.
3. In order for Care Trak to work, I have a responsibility to obey the instructions of the Program, follow all training, and make sure that the Applicant is wearing the Care Trak transmitter bracelet. If transmitter bracelet has been removed or is defective; I will call Care Trak immediately.
4. When I notice that the Applicant has wandered off, I must immediately call the emergency number 911 and report the Applicant as a missing person and identify him/her as a Care Trak Program Applicant. Care Trak teams will respond to search. I understand and acknowledge that the Care Trak device cannot predict or report that the Applicant has wandered off. It is used solely as an aid for emergency personnel when notified the Applicant is missing.
5. I understand that while Care Trak is an electronic tracking device that assists in locating persons who wear the bracelet device, there may be unforeseen times or circumstances when individuals cannot be located even while wearing the transmitter bracelet. **I KNOWLEDGE BY MY SIGNING OF THIS AGREEMENT THAT NO WARRANTIES OF ANY KIND, EXPRESS OR IMPLIED HAVE BEEN GIVEN REGARDING THE CARE TRAK ELECTRONIC TRACKING DEVICES/EQUIPMENT, AND/OR THEIR USE.**

6. In consideration of the Applicant being permitted to enroll into the Care Trak Program, neither I, the Applicant, nor our heirs or representatives shall hold Care Trak International, Inc., The County of Leelanau, or any Law Enforcement, Fire or Rescue Agency or any of their officers, employees or volunteers liable for failure to locate the Applicant when missing, and hereby release all such parties from any claim, cause of action, loss, injury or damages arising from any inability or delay in locating the Applicant.
7. I understand that all information I have provided in this application may be shared among local Law Enforcement, Fire and Rescue, and other necessary agencies in the community where the Applicant resides. Therefore, I understand that none of the information I have provided or provide in the future can be considered confidential or protected or private when used for the purposes of the Care Trak Program.
8. I understand that Care Trak is a program administered by: Leelanau County Senior Services, 911, and the Leelanau County Sheriff's Department. I agree to release and hold Leelanau County and each agency identified above and all of their respective personnel, officers and volunteers harmless from any and all claims of liability and/or damage, and waive any and all rights to seek recourse for any losses or injury that I or Applicant may incur as a result of participation in the Care Trak Program.
9. I understand that the transmitter and tester remain the property of the Applicant and I shall remain liable for any loss or damage to all such equipment. The cost of the Care Trak equipment is \$270.00. The cost of the Care Trak equipment can be offered at a reduced cost to individuals who meet certain income/asset levels. Once the Applicant no longer requires the Care Trak Program, the equipment can be donated to Leelanau County Senior Services to be given out to people who cannot afford the cost of Care Trak equipment. I understand that I am responsible for purchasing a disposable bracelet and battery by the 1<sup>st</sup> of each month.
10. I understand that I am responsible for using the tester device at least once per day to test the battery. I am responsible for notifying 911 immediately when I discover the Applicant is missing.

Caregiver's Name (printed) \_\_\_\_\_

Caregiver's Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Applicants Name \_\_\_\_\_

LCSS/911 Representative \_\_\_\_\_

Client Number

**215.**  
Frequency Number

LEELANAU COUNTY SHERIFF'S OFFICE  
Care Trak Program

8525 E. Government Center Drive  
Suttons Bay, Michigan 49682  
231-256-8800

This information packet is designed for custodial caregivers to provide advance information that will be useful in the event of a search for your loved one. Providing this information in advance will allow search management personnel to more effectively manage the search for your loved one.

Client's Name:		
Address:		
City, State:	Zip Code:	
Phone Number:	Cell Phone:	Other #:
Condition:		
Parent/Guardian:		
Address:		
City, State:	Zip Code	
Phone Number:	Cell Phone:	Other #:
Date Transmitter Placed:		
Facility/Organization:		
Address:		
Name of person filling out this form:		Relation:
Contact Number:		
Transmitter Serial Number:	Frequency best located at "0" on Tune: 215.	
Date of Service:		
Notification By:		
Other Transmitters on property:		

Client Number:

Client's Personal Data			
Birthdate:	Sex: M F	Race:	Height:
Weight:	Hair:	Eyes:	
Nickname:			
School:			
Address:			
Contact at school:		Phone Number:	
Most Recent Address:			
Most Recent Place of Work:			
Most Recent Occupation:		Supervisor	
Name of Spouse:		Living/Deceased (Circle)	
Other Persons the client may contact (Family/Friends)			
Name:		Phone:	
Address:			
Name:		Phone:	
Address:			
Applicant's interests, where they worked, prior addresses, favorite locations, etc.:			
_____			
_____			
_____			
_____			
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_____			
_____			

PHOTO