

Safe and Sound Program

This program was designed and developed to assist children and adults with special needs who may not be able to communicate if they get separated from caregivers.

Individuals who qualify for the Safe & Sound Program are given a bracelet with a request for help message, the Sheriff's Office, 24 hour manned phone number and an identification number.

Children and adults who might be good candidates are those with, Alzheimer's, Dementia, Memory Impairment, or other Special Needs.

The Safe & Sound Program is operated by the Ottawa County Sheriff's Office and is available to individuals residing within Ottawa County.

Ottawa County Sheriff Office

12220 Fillmore Street
West Olive, MI 49460
Phone: (616) 738-4000
Fax: (616) 738-4062

Street Address
City, ST ZIP Code

Ottawa County Sheriff Office
Attention: Captain Derek Christensen
12220 Fillmore Street
West Olive, MI 49460

Safe and Sound Program

For Children and Adults with
Special Needs



Ottawa County
Sheriff Office

Phone: (616) 738-4000

Website: www.miottawa.org

Application Form

Applicant Information

Last: _____

First: _____

Address: _____

City: _____

State/Zip: _____

Phone: Cell _____

Home _____

Date of Birth: _____

Age: _____

Height: _____ Weight: _____

Race: _____ Sex: M F

Hair Color: _____

Eye Color: _____

Mode of Communication:

Verbal Written Sign AAC

Medical Condition: _____

Doctor: _____

Phone Number: _____

Additional Comments:

Application Continued

First Contact Information:

Last: _____

First: _____

Relationship: _____

Address: _____

City: _____

State/Zip: _____

Phone: Cell _____

Home: _____

Work: _____

Second Contact:

Last: _____

First: _____

Address: _____

City: _____

State/Zip: _____

Phone: Cell _____

Home: _____

Work: _____

Please attach a recent picture of applicant.

Agreement

I, _____, parent, legal guardian or care provider of the applicant, hereby authorize the Ottawa County Sheriff Office to use the information provided the Safe and Sound Program, as necessary. In consideration for participating in the program, I do hereby release, waive, discharge and covenant not to take legal action against the Ottawa County Sheriff's Office, individually and in their official capacity including all their employees, appointees, contractors, sub-contractors, and agents from any and all liability that may arise from participating in the program.

The undersigned further agrees to indemnify and forever hold harmless to the extent the law allows, the Ottawa County Officials, individually and in his/her official capacity for any and all claim, causes of action, demands or damages, and costs (including reasonable attorney fees) present, past and future, contingent or otherwise, and for any acts of carelessness or negligence on the part of anyone which may directly or indirectly cause harm, including death, that arise out of participating in the program.

X _____
Parent, Legal Guardian or Caregiver / Date

Administrative Use Only

Bracelet #: _____

Date Issued: _____

Confirmation Completed: _____

Date of Completion and Entry: _____