

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

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

Street Address
City, ST ZIP Code

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: _____