



# PASSAIC COUNTY SHERIFF'S OFFICE

## SHERIFF RICHARD H. BERDNIK



Community Policing Division  
435 Hamburg Turnpike  
Wayne, NJ 07470  
(973) 389-5920  
Fax: (973) 389-5948

### Wandering Program

1. Clients participating in the Passaic County Sheriff's Office Wandering program **must be residents of Passaic County.**
2. Client caregivers that would like to place their loved ones in the program that have Alzheimer's, Dementia, Autism, Down Syndrome and **exhibit wandering tendencies** are eligible for this program.
3. Clients **who do not show signs** of aggression, combativeness, or claustrophobic behavior will be considered eligible.
4. Clients who **receive supervision consistently** wherever they may be, whether at home, school, or other facility that cares for them are considered eligible.
5. **Failure** to care for and/or supervise the device will forfeit the rights of the participants and all equipment will then have to be returned to the Passaic County Sheriff's Office.
6. If the client **is going out of state or county for an extended period**, such as a vacation, **you must** call the Community Policing Division at (973) 389-5920 to provide vacation information.

#### About AngelSense:

- The device can attach to clothing via the magnetic pins or one can purchase additional wearables via the AngelSense website at [www.angelsense.com](http://www.angelsense.com).
- For technical support please call (646) 770-2950.
- The device is not waterproof and needs to be removed for bathing, showering or swimming, it is however, water/splash resistant.
- The device needs to be charged daily and has a battery life of approximately 24 hours.
- If the device is lost, please notify the Community Policing Division as soon as possible
  - The device is the responsibility of the caregiver
  - If lost the caregiver is responsible for replacement costs, **the replacement cost is \$99**
- If the client has reached stages of immobility or is confined to a bed, Community Policing Division should be notified and the device should be returned.
- If the client is considered eligible and has met all requirements listed above, please fill out the information below.

Client Name: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_