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: _________________________________________________