



**LOJACK® SAFETYNET™ SERVICES PRE-APPLICATION FORM**

By providing information below, you hereby consent to the collection, use and disclosure of such information for determining eligibility and participation in the LoJack SafetyNet program. Information provided may be shared by LoJack SafetyNet with public safety agencies, our affiliates and services providers who assist us and law enforcement agencies in the use of the LoJack SafetyNet equipment. You also consent to LoJack SafetyNet Inc. and its affiliates using your information, including but not limited to location, sex, age, physical and medical condition, height and weight, to provide or assist law enforcement in providing the Services, respond to regulatory and legal requirements including credit reporting and fraud prevention, and electronically tracking your LoJack SafetyNet Client in conjunction with providing services.

This pre-application form should be filled out by the FAMILY MEMBER / CAREGIVER / GUARDIAN on behalf of the individual who will be enrolled in the LoJack SafetyNet Program (“CLIENT”).

Once this information is complete, please fax this form to 1-877-850-7251, or submit it via e-mail to: [inquiries@lojacksafetynet.com](mailto:inquiries@lojacksafetynet.com).

Based on the information provided here you will be contacted by a specialist from LoJack SafetyNet to discuss eligibility and next steps.

**SECTION 1: CLIENT INFORMATION**

CLIENT (person who would be enrolled in the LoJack SafetyNet program)

Full legal name \_\_\_\_\_

Nickname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

How long has the Client been living at this address? \_\_\_\_\_

Client's Date of Birth \_\_\_\_\_

Sex

- Male
- Female

Height \_\_\_\_\_

Weight \_\_\_\_\_

What is the Client's specific diagnosis?

\_\_\_\_\_

When was the Client diagnosed? \_\_\_\_\_

Is there any prior history of the Client becoming lost or wandering from home?

- Yes
- No

If "yes", please describe the events in detail, including dates of the occurrences

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If so, how many times? \_\_\_\_\_

If so, when was the last incident? \_\_\_\_\_

On a scale of 1-10, 10 being the most concerned, how concerned are you that the Client will wander? \_\_\_\_\_

Does the Client have a caregiver with them 24 hours per day, 7 days per week?

- Yes
- No

**SECTION 2: CAREGIVER/GUARDIAN INFORMATION**

CAREGIVER/GUARDIAN (Person filling out this application)

Caregiver Name \_\_\_\_\_

Relationship to Client \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

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

FAX \_\_\_\_\_

Email \_\_\_\_\_

Best Way to Reach You (circle one):

- Home Phone
- Cell Phone

Best Time to Reach You \_\_\_\_\_

**SECTION 3: AUTHORIZATION**

Are you authorized to submit personal data and to make decisions on behalf of the individual you are seeking to enroll in LoJack SafetyNet Program?

Choose box

- Yes, I have Power of Attorney
- Yes, I am the Legal Guardian
- Yes, I am the Health Care Proxy
- Yes, Other (specify) \_\_\_\_\_
- No
- Not applicable

**Name of authorized individual (please print)** \_\_\_\_\_

**Signature of authorized individual** \_\_\_\_\_

**Date** \_\_\_\_\_