PAVE's Locate

PIERCE COUNTY SCHOLARSHIP APPLICATION FORM

This application is to allow family members (who reside in Pierce County and who are DD Eligible only) who have the potential to wander to receive an EmSeeQ device at a rate depending on the families eligibility status.
Anyone can buy this device at the full rate list on the website. More information can be found at www.pavelocate.org.
For complete approval of this application, the following items must be provided to PAVE in one completed packet.

DEVICE USER INFORMATION

Last Name:	First Name:	
Current address:	City:	
State:	Zip Code:	County:
Date of Birth:	Age as of Today's Date:	Primary Phone:
Primary Diagnosis:	Secondary Diagnosis:	
Please briefly describe the proposed recipients wandering habits or potential to wander:		

DDD ELIGIBILITY INFORMATION

DD Eligible: *(Please circle)* Yes No	Case Manager:	Primary Physician:
Case Manager Email:	Case Manager Phone:	Physician Phone:

Please Fill out the DSHS Consent Form and send it back to us with this application so our staff can confirm Eligibility with Pierce County Community Connections.

GUARDIAN/CAREGIVER INFORMATION

Legal Guardian Last Name:	**Legal Guardian First Name:**	
Address*:*	City, State:	Zip Code:
Home Phone:	Mobile Phone:	Email Address:
Relationship to Recipient:		
Legal Guardian Last Name:	**Legal Guardian First Name:**	
Address*(if different from above):*	City, State:	Zip Code:
Home Phone:	Mobile Phone:	Email Address:
Relationship to Recipient:		

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CONTRIBUTION TO SCHOLARSHIP

We request families consider what amount the initial cost of the EmSeeQ device will be needed for the scholarship. Please be aware there is a limited amount of funding. Families able to pay for any portion of the initial cost of the device will allow us to extend this funding to help more families.

Amount I can contribute to the cost of the device: $_____

SIGNATURES

I understand that I, _____ will be designated as the financial responsible party. As such, I understand that I am responsible for the monthly service payments that must be paid directly to EmFinders before the device is given to me. I understand the device is owned by PAVE, and I will return it in good working condition. Should the device need maintenance and/or repairs during the service contract I will contact EmFinders for support. I understand I am responsible for the care and regular charging of the device twice a week for two hours. I also understand I may be financially responsible for the replacement cost of the device if it is returned in an unsatisfactory condition. If I have further questions regarding the return policy, I agree to contact an authorized PAVE's Locate staff representative (not a volunteer). I agree to contact an authorized PAVE representative within 15 days terminating my monthly service contract with EmFinders.

☐ I have read the attached terms and conditions, which are an enforceable legal agreement, provided by EmFinders as well as the EmFinders 30-Day Return Policy.

☐ I have read and acknowledge the PAVE Return Policy process in which the device is given to me and returned to PAVE once my contract has ended.

The effective date of the agreement is the date upon which you register for the service or take physical possession of the device, whichever is sooner.

Signature of Primary Guardian:	Date:
Signature of Secondary Guardian (If Applicable):	Date:

FOR INTERNAL USE:

☐ Accepted
☐ Declined
Authorized Staff:_____

Accepted Date:_____

Declined Date:_____

Amount Accepted:_____

Amount for Applicant to Pay:_____

Device Serial #: _____ EmFinder Registration Date: _____ Access ID #:_____

Paid Amount: $_____ Payment: Cash Check #_____ Card Ending in _____

UPS Confirmation Number: _____ Other Notes:_____