



## DeKalb County Sheriff's Office

ADMINISTRATION OFFICE • 815-895-7260  
CIVIL PROCESS • 815-895-7259  
COMMUNICATION CENTER • 815-895-2155  
CORRECTIONS/JAIL • 815-895-4177  
RECORDS • 815-895-7216  
FAX • 815-899-0757 - SHERIFF  
FAX • 815-895-7275 - COMMUNICATIONS  
FAX • 815-895-6525 - CORRECTIONS  
FAX • 815-899-0757 - RECORDS

"TO SERVE AND PROTECT"

**ANDREW SULLIVAN, SHERIFF**  
**JAMES BURGH, CHIEF DEPUTY**

Dear Caregiver:

Thank you for your interest in CareTrak. We, along with other agencies, are excited to offer this important service to those citizens who can benefit from this program.

The equipment provided in this project is the property of the Sheriff's Office and is available on loan to qualified clients. There is a \$250.00 **one-time activation fee** for those who qualify for the system; this money is used to help cover the locator bracelet that is placed on the individual client. In addition, there is an approximate \$10.00 fee every two months for a change of battery and bracelet.

If you are interested in participating in the Care Trak process please fill out the enclosed DeKalb County Care Trak Application and return to:

Sheriff's Care Trak  
150 N. Main St.  
Sycamore, IL 60178

or  
FAX to (815) 899-0757

or  
[asullivan@dekalbcounty.org](mailto:asullivan@dekalbcounty.org)

After receiving the application, we will set up an appointment with you to move forward and make Care Trak operational for your family. If you have any questions please feel free to give me a call at (815) 895-7260, or email me at [asullivan@dekalbcounty.org](mailto:asullivan@dekalbcounty.org)

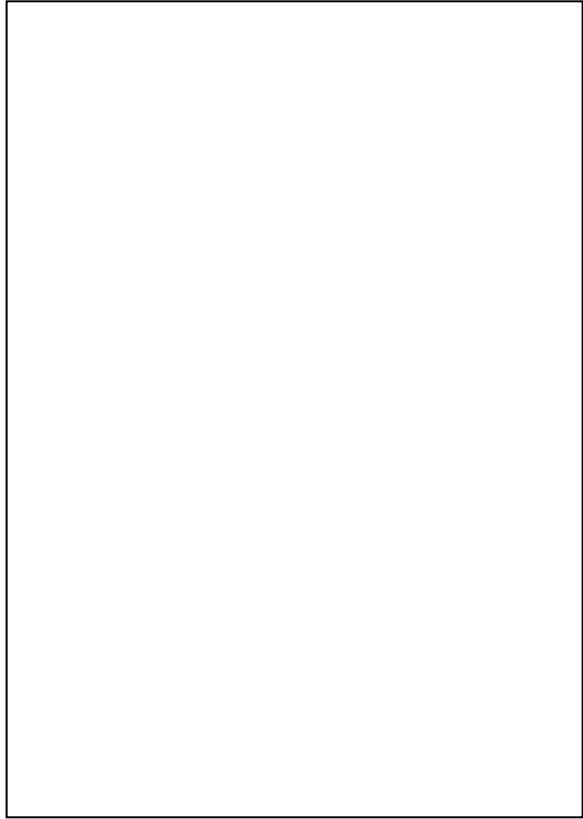
Respectfully,

Sheriff Andy Sullivan

# DeKalb County Sheriff's Care Trak Application

Name \_\_\_\_\_

Frequency # (to be assigned:) \_\_\_\_\_



Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis \_\_\_\_\_ Nickname: \_\_\_\_\_

Height \_\_\_ft. \_\_\_ inches Weight: \_\_\_\_\_ lbs.

Race: \_\_\_\_\_ Other: \_\_\_\_\_

Sex \_\_\_M \_\_\_F Hair Color: \_\_\_\_\_

Scars, Marks, Tattoos: \_\_\_\_\_

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

City \_\_\_\_\_

Caregiver/Parents \_\_\_\_\_

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

Additional Emergency Contact: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

School District: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Clients work: \_\_\_\_\_ Phone: \_\_\_\_\_

Client's favorite location: \_\_\_\_\_

Last time missing, where was the client found: \_\_\_\_\_

Special Instructions (calming techniques, things to avoid):

**DeKalb County Care Trak  
Application**

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

Law Enforcement Jurisdiction:  
City/ Village of  
Rural

**CRITERIA**

Diagnosis: \_\_\_\_\_

24 hour supervision provided	yes	no
History of wandering	yes	no
Difficulty in communication skills	yes	no

Additional Information:

**MEDICAL**

Physician: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*(To be completed by Sheriff's Office)*

**Verify Jurisdiction:**      Yes    \_\_\_    No    \_\_\_

**Law Enforcement Contacted:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Law Enforcement Comment:**

**Sheriff's Office:**                      **Approval**                      **Denial**

**Reason for Denial:**