PARTICIPANT APPLICATION

Caregiver Respite Ministry
Covenant Presbyterian Church

Participant Information:

Name of Participant: _____

Preferred Name/Nickname: _____

Address: _____

_____

Phone: _____ Email: _____

Currently lives with: _____

Care Partner's Information:

Name: _____

Relationship to participant: _____

Address: _____

_____

Phone: _____ Email: _____

Medical Information:

Diagnosis: _____

When and by whom was the diagnosis made: _____

Has the applicant been enrolled previously in a dementia program? _____

Primary Physician: _____

Physician Phone: _____

Hospital Preference: _____

Food and other allergies: _____

List any dietary or physical restrictions: _____

_____

What activities cause agitation? _____

What calms the participant down? _____

Abilities:

Participant can perform activities of daily living independently.	Y	N
Participant is medically stable.	Y	N
Participant can ambulate independently with or without assistive devices without the potential danger to self or others.	Y	N
Participant exhibits acceptable behavior in a group.	Y	N
Participant can interact and socialize with others.	Y	N
Participant does not require one-on-one continual supervision.	Y	N
Participant has short term memory loss.	Y	N
Participant is able to make needs known.	Y	N

Please check all that apply:

_____ Short term memory loss

_____ Confusion

_____ Depression/Anxiety

_____ Wanders

_____ Danger to self or others

_____ Dementia related delusions

_____ Loses balance

_____ Pacemaker

_____ Dentures

_____ Hearing aid

_____ Contacts or glasses

_____ Walks independently

_____ Uses a wheelchair

_____ Uses a cane or walker

_____ Able to toilet self

_____ Requires adult briefs

_____ Dresses self

Resource Survey:

The greatest challenges we face with regards to caregiving are: (check all that apply)

_____ Transportation

_____ Home modifications

_____ Medical Care

_____ Finding caregivers

_____ Financial Strain

Within the past 12 months we worried about whether our food would run out before we got money to buy more.

_____ Often true

_____ Sometimes true

_____ Never true

Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.

_____ Often true

_____ Sometimes true

_____ Never true

Caregiver Signature: _____ Date: _____

Participant Signature: _____ Date: _____