HOLY GUARDIAN ANGELS RESPITE CARE PROGRAM APPLICATION FORM

Applicant Name_____

Referred by_____

Birthdate_____ Marital Status _____Sex_____

Telephone No._____

Address_____

_____

Did the person ever serve in the Military (Y / N):____ if yes, is the disability service related (Y / N): ___

Name of Primary family or caregiver_____

Relationship to Individual _____

Address (if different from above)_____

_____

Telephone (home) _____Telephone (work):_____

Telephone (cell) _____ Doctor Telephone: _____

Emergency contacts (individuals available to care for the person in the event of an emergency):

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Names of other people in the home, their ages, and their relationship to the person to be cared for:

_____

_____

Are there pets in the home? (what kind?) _____

Your preference for location of respite care (check as many as appropriate):

Home _____

Home of Caregiver _____

Assisted living facility _____

Nursing Home _____

Other_____

Disability / Diagnosis of the Individual: _____

What hours? _____

Height: _____ Weight: _____

Does the individual need assistance with (indicate yes or no): Eating / Drinking: _____

Transfer (from bed to chair): _____Walking: _____Toileting: _____ Climbing Stair: ____

Dressing: _____ Supervision: _____ Preparing Meals: _____

Does the individual have problems with (indicate yes or no):

Does client make sound judgements? _____Can client answer / make telephone calls? _____

Could client get out of house in case of fire? _____Can client be left alone for short periods? ____

Does the individual use (indicate yes or no): Cane _____ Walker _____ Wheelchair _____

Describe any chronic medical problem(s) that the volunteer should be aware of and any special instructions: _____

Does the person have allergies? Yes _____ No _____ If Yes, to what:_____

Is there a history of seizures? Yes ____ No _____ If yes, please describe, including how often and how recently: _____

Does individual display inappropriate behavior (s)? Yes _____ No _____

If Yes, Please describe: _____

Activities /Interests of the individual: _____

Relationship_____

_____

PLEASE SUBMIT APPLICATION TO THE PARISH OFFICE, 4008 PRAIRIE AVE., BROOKFIELD