ENROLLMENT FORM

Date: ______________________

PARTICIPANT PERSONAL INFORMATION

Name: ____

Age: ___________ Date of Birth: _________________ Place of Birth:____________________________

Ethnic Origin (Irish, German etc.): ___________________________Marital Status: _________________

Address: ____

City/ State/ Zip: ____

Phone Number: ____

Level of Education: ____

Military History: ____

Employment History: ____

____

Parents: ____ ____________________________________

Mother Father

INDICATE THOSE PERSONS ACTIVELY INVOLVED WITH THE PARTICIPANT

Siblings: ____

____

Children: ____

____

Grandchildren: ____

____

Significant others: ____

How long has the participant lived where he or she is now? ___________________

Is a change of residence expected within the next six months? ☐ YES ☐ NO

Living situation:
- Alone ☐ YES ☐ NO
- With Spouse ☐ YES ☐ NO
- With Children ☐ YES ☐ NO (How many? __________)
- With Grandchildren ☐ YES ☐ NO (How many? __________)
- With other relatives ☐ YES ☐ NO (How Many? __________)
- With hired caregiver ☐ YES ☐ NO
- Other (includes congregate or institutional setting) ☐ YES ☐ NO

ACTIVITIES OF DAILY LIVING

E A T I N G

Special diet: ____

____

____

Needs:

No help ☐ YES ☐ NO

Remind ☐ YES ☐ NO

Supervise ☐ YES ☐ NO

Assist ☐ YES ☐ NO

Feed ☐ YES ☐ NO

Frequently resistant ☐ YES ☐ NO

Others: ____

Special Problems

Swallowing ☐ YES ☐ NO

Using utensils ☐ YES ☐ NO

Distraction ☐ YES ☐ NO

Frequently resistant ☐ YES ☐ NO

Others: ____

TOILETING

Needs:

No help	☐ YES	☐ NO
Remind	☐ YES	☐ NO
Supervise	☐ YES	☐ NO
Assist	☐ YES	☐ NO
Incontinent	☐ YES	☐ NO
Frequently resistant	☐ YES	☐ NO

How does participant signal need to use toilet? ____

____

What is the participant's usual toileting routine/schedule time? ___________________________

____

If participant refuses to toilet? ____

____

FUNCTIONAL CAPABILITIES (Check all items below)

☐ YES	☐ NO	Active, require no personal help of any kind; able to go up and down stairs easily
☐ YES	☐ NO	Active, but has difficulty climbing a=or descending stairs
☐ YES	☐ NO	Uses cane or crutch
☐ YES	☐ NO	Feeble or slow
☐ YES	☐ NO	Uses walker? If Yes, can get in and out unassisted?
☐ YES	☐ NO	Uses wheelchair? If Yes, can get in and out unassisted?
☐ YES	☐ NO	Requires grab bars in bathroom

Others (Describe): ____

RECREATION

T V : ____
(Favorite programs)

Radio: ____
(Stations, News, Spiritual, Music – Classical, Gospel, Western, Old pops)

Reading: ____
(Bible, Newspaper, Magazines, Books)

Able to read ☐ YES ☐ NO

Prefer being read to ☐ YES ☐ NO

Hobbies and /or social activities did (does) the participant enjoy?

☐ YES ☐ NO Listening to music

☐ YES ☐ NO Singing

☐ YES ☐ NO Playing musical instrument

☐ YES ☐ NO Playing with or watching animals or pets

☐ YES ☐ NO Playing with certain types of toys or games

☐ YES ☐ NO Dancing or exercising

☐ YES ☐ NO Knitting, needlework, sewing or other fine handiwork

☐ YES ☐ NO Reading or looking at magazines

☐ YES ☐ NO Drawing, painting or other art work

☐ YES ☐ NO Gardening

☐ YES ☐ NO Going for walk

Others (specify) ____

____

BEHAVIOR ASSESMENT (Please check all that apply)

1. Anxious in absence of primary caregivers ☐ YES ☐ NO
2. Asking the same question over and over again ☐ YES ☐ NO
3. Being constantly restless ☐ YES ☐ NO
4. Being suspicious or accusative ☐ YES ☐ NO
5. Destroying property ☐ YES ☐ NO
6. Engaging in behavior that is potentially dangerous to other/ self ☐ YES ☐ NO
7. Hiding things ☐ YES ☐ NO
8. Losing or misplacing things ☐ YES ☐ NO
9. Not recognizing familiar people ☐ YES ☐ NO
10. Physically aggressive when upset ☐ YES ☐ NO
11. Reliving situations from the past ☐ YES ☐ NO
12. Seeing or hearing things that are not there (hallucinations or illusions) ☐ YES ☐ NO
13. Unable to clean house ☐ YES ☐ NO
14. Unable to concentrate on a task or activity ☐ YES ☐ NO
15. Unable to do simple tasks which he/ she used to do (e.g. put away groceries, simple repairs) ☐ YES ☐ NO
16. Unable to follow simple directions ☐ YES ☐ NO
17. Unable to handle money (e.g., complete a transaction in a store; do not include being unable to manage finances) ☐ YES ☐ NO
18. Unable to prepare meals ☐ YES ☐ NO
19. Unable to stay alone ☐ YES ☐ NO
20. Unable to use the phone ☐ YES ☐ NO
21. Verbally abusive when upset ☐ YES ☐ NO
22. Wandering or getting lost ☐ YES ☐ NO

INFORMATION ABOUT CAREGIVER

Caregiver/ Responsible Party Name: ____

Address: ____

City/State/ Zip: __________________________ E-mail: ______________________________

Telephone No.: ____________________ / ___________________ / ___________________
(Home) (Cell) (Work)

Car Make/ Model: _____________________________ License Plate No. __________________

Employer /Company Name:____

Address: ____

City/ State/ Zip: ____

Job Title: ____

Spouse (if applicable): ____

Spouse Employer/Company Name: ____

Address: ____

City/State/Zip: ____

Work Phone No.: _______________________________ Cell: ________________________

Does primary caregiver live with participant? ☐ YES ☐ NO

Length of time care giving ______________ Relationship to participant: ____________________

Do you have help with care giving? ☐ YES ☐ NO How often: ______________________

By Whom: ____

Primary reason for using Day Care: ____

Referred to program by (record as many choices as applicable)

_________________ Alzheimer's Association

_________________ Church

_________________ Doctor

_________________ Family

_________________ Friends

_________________ Health Care Professional

_________________ Media publicity

_________________ Met with Executive Director

_________________ Social Service Agency

_________________ Support Group

_________________ Other (please specify) ____

Successful Living Center, Inc. is a 501c3 non-profit organization and sometimes grant organizations require the income level of the individuals we serve. This information will be used only as data in making applications for grant funding. These funds would assist us in keeping our costs down and improving the quality of our programs.

Household Income: _________________________ (Month/Year)   Number living in household: ______