



ST. LOUISE de Marillac Church 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 _____

APPLICATION CAN BE RETURNED TO THE RECTORY