



Participant Membership Requirements

- Spouse or caregiver must be within 8 miles of the Churchill Street Rec Center and must have a cell phone in the event of an emergency.
- Participants must be independent with the use of the restroom (guidance to/from is provided).
- Caregivers must sign a Villages liability waiver prior to joining the club.

Application Process

The prospective applicant's caregiver will complete and return:

- The Participant Application Form

Once you have been notified we have an opening, the Director will meet with the prospective Participant and the caregiver to assure the application is complete, seek clarity and answer any questions you may have. They will assess any risk hazards evident from the application or by personal observation. This will complete the application process and the applicant from that point forward may participate in club activities.

Calm Harbor Respite Club Member Participation Guidelines

The Participant should arrive between 12:45 PM and 1:00 PM. The caregiver must accompany them in the building for "Sign-in". Sign-in occurs at the Member Administrator's table, at which time their arrival time is noted and a nametag provided.

Participant pickup is between 3:45 PM and 4:00 PM. **The nametag the Participant is wearing must be returned to the member administrator. Do not take these membership tags home.**

PARTICIPANT APPLICATION

Participant's Name: _____

Nickname/ Preferred Name: _____ Male/Female _____

Address: _____

City: _____ State: _____ Zip: _____

The Village Of _____

Age: ____ Date Of Birth: _____ Marital Status: _____ Veteran Y/N Branch _____

Participant Resident ID Number: _____

Spouse/Caregiver Name: _____ Relationship: _____

Cell Phone # () _____ Home: # () _____

Spouse/Caregiver Resident ID Number: _____

Activities of Daily Living (Circle appropriate number with each category):

Bathing:

1. Independent – receives no assistance (gets in and out of tub/shower)
2. Assisted – receiver assistance bathing only one part of the body (back, legs, etc.)
3. Dependent – gets assistance in getting clothing and dressing or stays partly or fully undressed

Dressing:

1. Independent – gets clothes and dressed completely without assistance
2. Assisted – gets clothes and dresses with minor help
3. Dependent – gets assistance in getting clothing and dressing or stays partly or fully undressed

Toileting

1. Independent – goes to toilet and cleans self
2. Assisted – gets clothes and dressed with minor help
3. Dependent – wears protective pads or doesn't go to room termed "toilet" for elimination

Mobility

1. Independent – able to ambulate without assistance from others or devices
2. Assisted – needs assistance with devices (cane, walker)
3. Dependent – requires wheelchair or more than one assistance

Transfer

1. Independent – moves in/out of bed or chair without assistance (may be supported by cane)
2. Assisted – moves in/out of bed or chair with one assistance
3. Dependent – does not get out of bed

Continence

1. Independent – controls urination and bowel movements completely by self
2. Dependent – has occasional “accidents”
3. Dependent – supervision helps urine or bowel control
5. Dependent – incontinent or catheter is used

Feeding

1. Independent – feeds self without assistance
2. Assisted – feeds self except cutting meat and arranging food
3. Dependent – requires assistance in feeding

Medications Director or Volunteers “MAY NOT GIVE PARTICIPANTS MEDICATION”

1. Independent – able to take medications correctly
2. Assisted – needs reminders and supervision of medications
3. Dependent – requires total administration of medication.

**** If a serious medical concern occurs or there is a fall deemed to be of a serious nature, 911 will be called for evaluation or lift assistance****

****If your loved one has wounds that are covered/bandaged, please inform Sue McGaughey upon your arrival****

Food Restrictions:

If you are on a special diet, please provide your own snacks. We do have “Snack time” and serve various food items including baked goods, fruit, cheese, crackers, etc.

(In the interest of safety, open-toed shoes may not be worn. (sneakers, or non-slip shoes)

Attendance Policy:

Often there is a waiting list of individuals who wish to participate in the Calm Harbor Respite Club. Because of this, we have developed and adhered to these attendance guidelines.

It is expected that attendance will be on a regular basis. Absence from three consecutive meetings will trigger a reconsideration of membership. We know special circumstances will arise in this event, please call Sue McGaughey.

Pick-up must be at 4:00p.m. due to our volunteers also leaving at 4:00p.m. (if you have an unexpected emergency) Please call Sue McGaughey.

INTEREST PROFILE

Name Participant likes to be called: _____

Family history (marital history, number and names of children/grandchildren/great-grandchildren, where they live, other important relationships): _____

Pets: _____

Childhood history (place of birth, info on parents, where they grew up, nationality, languages spoken, experiences): _____

Education: _____

Former career(s)/occupations (years of work, what they enjoyed): _____

Previous interests, awards, volunteer activities: _____

Current interest/hobbies: _____

Musical background (favorite types of music, play an instrument, sing?): _____

Clubs/organizations/sports: _____

Religious preference: _____

Social interactions (enjoy large group functions? Small groups? Alone?): _____

Additional comments or information: _____

CAREGIVER CONTACT INFORMATION

Name: _____ Relationship: _____

Address (if different from participant): _____

Home phone: _____ Cell phone: _____ Work: _____

Email address: _____

Alternate contact person: _____ Relationship: _____

Home phone: _____ Cell phone: _____

I have received and read a copy of the policies and procedures of Calm Harbor Respite Care, and I agree to abide by the rules and expectations.

Signature of Caregiver: _____ Date: _____

Signature of Director: _____ Date: _____

The Calm Harbor Respite Club is fortunate to have a compassionate and caring group of volunteers **who do not have specialized medical training.** Our volunteers assist with games and activities and help entertain our cherished Participants so their caregivers can have a well-deserved break. There is, however, a qualified nurse available at all times.

By signing below, you release, waive, forever discharge, hold harmless, and covenant not to sue the Calm Harbor Respite Club or it's volunteers.

Spouse/Caregiver:

Please Print Name: _____

Signature _____ Date _____

Photo Release

Name (please print): _____

I give permission and release for PHOTOGRAPHS to be made of myself while engaged in program activities. These photos may be used for publicity and promotion of the Calm Harbor Respite Club and for identification purposes.

Signed: _____ Date: _____
