

Baker UMC Respite Care Registration

Date _____

Person to Receive Respite Care _____ Date of Birth _____

Address _____ Town/ Zip Code _____

Home Phone _____ Diagnosis _____

Caregiver _____ Relationship _____

Caregiver Phone Number _____

Alternate Emergency Contact person _____

Emergency Phone Number _____ Relationship _____

Primary Care Physician _____ Phone _____

Tell us about the health status of the person who is coming for our respite program:

1. Are there any physical limitations?

- None
- Problems with hearing
- Problems with vision

Other:

2. Are there any activity restrictions?

	Always	Sometimes	Does not apply
Needs help eating			
Needs help in the bathroom			
Does not initiate conversation			
Cannot find words			
Struggles reading			
Struggles writing			
Wanders			
Unsteady walking			
Withdraws from social activities			

Shows aggression			
Others			

3. Is there presently a need for any assistive equipment?
4. Any dietary restrictions?
5. Any allergies?

Help us get to know the person who is coming for our respite program:

1. Their former occupation?
2. Are/were they married?
3. Do they have any current hobbies/interests?
4. Do they have former hobbies?

5. Types of activities they enjoy:

- Painting
- Puzzles
- Bingo
- Bean bag toss
- Shuffle board
- Drawing
- Word finds
- Coloring
- Reading
- Musical instruments
- Crafts
- Play/listen to music
- Watching videos
- Going for walks

Other:

6. Any fears?
7. Favorite foods?
8. Favorite songs/ type of music?
9. Did they ever sing?
10. Did they ever dance?
11. Do they/did they have any pets?
12. Did they play any sports?
13. Do they like to watch sports?

Please email or mail completed form to:

respitcare@bakerchurch.org

Baker Memorial UMC

attn.: Respite Care

345 Main Street

East Aurora, NY 14052