



Application for Enrollment

CORA'S Intergenerational Center (IGC)

Applicant's full name: _____ Age _____

Address: _____ City: _____

State: _____ Zip Code: _____

Phone: _____

DOB: _____ Sex: _____ SSN: _____

Responsible Care giver Name: _____ Relationship: _____

Address: _____ Phone: _____

Email Address: _____

Information about Potential Participant

How can we support you at CORA'S Intergenerational Center?

Marital Status: Married ☐ Single ☐ Separated ☐ Widowed ☐ Divorced ☐

Present living arrangement: With spouse ☐ With relatives ☐ With Non-Relatives ☐ Live Alone ☐

Name of person living with: _____ Relationship: _____

Primary language spoken: _____ **Primary written language:** _____

Assistive Devices used:

☐ Cane ☐ Walker ☐ Manual Wheelchair ☐ Electric Wheelchair ☐ Hearing aid

☐ Dentures ☐ Eyeglasses ☐ Rollator ☐ Visually impaired walking stick ☐ Tablet

☐ None

Military Service: ☐ Yes ☐ No Branch: _____

Applicant's Name: _____

Services

Special Dietary Needs: ☐ Yes ☐ No if yes, what are their needs? _____

History of wandering: ☐ Yes ☐ No If yes, what has been successful? _____

Transportation: ☐ Family/Caregiver/Friend ☐ Transportation Service

Proposed Funding Source: ☐ Private pay ☐ VA ☐ DSS

Proposed Attendance days: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Proposed hours of attendance per week: _____

Arrival time: _____ Departure time: _____

Will care coordination need to be provided with any specialized service providers? ☐ Yes ☐ No

If so, what agency(ies)? _____ How frequently? _____ What is the expected duration of the visit(s)? _____

Spa Services (provide showers/shampoo/barbering at additional fee) needed: ☐ Yes ☐ No

Proposed frequency ☐ weekly ☐ bi-weekly ☐ monthly

Activities/Interest:

Activities: _____

Interests: _____

When asked to participate in arts and crafts what would the participant say they enjoy?

Does your participant enjoy any of the following?

- | | | | | | |
|----------------------------------|---|--|---|--|------------------------------------|
| <input type="checkbox"/> Singing | <input type="checkbox"/> drama/acting | <input type="checkbox"/> animals/pets | <input type="checkbox"/> engaging with children | <input type="checkbox"/> sports | |
| <input type="checkbox"/> reading | <input type="checkbox"/> board games | <input type="checkbox"/> knitting/sewing | <input type="checkbox"/> musical instrument | <input type="checkbox"/> exercise | |
| <input type="checkbox"/> movies | <input type="checkbox"/> household chores | <input type="checkbox"/> cooking/baking | <input type="checkbox"/> Wii | <input type="checkbox"/> Bible reading | <input type="checkbox"/> gardening |
| <input type="checkbox"/> Poetry | <input type="checkbox"/> money management | <input type="checkbox"/> music | | | |

Any additional activities participant enjoys:

Applicant's Name: _____

Getting to know participant more

What does the participant need to feel secure?

Are there memories that cause participant anxiety?

What makes the participant happy and joyous?

Does the participant have strong feels regarding autonomy or independence?

How does the participant view themselves?

Does participant enjoy being in groups of more than five? How does participant interact with children of various ages especially infants to 4-year-olds?

How is important is religion, cultural values and spiritual to the participant?

What are some strengths of the participant?

Does the participant have any pets and if so; what is the interaction with them?

Release

I authorize review of participant's medical information by the Application Review Committee for purpose of making an enrollment decision. All information provided will be held in strict confidence.

Responsible Party Signature: _____ Date: _____

Applicant's Name: _____