



Application for Enrollment
CORA'S Intergenerational Center (IGC)

Applicant's full name: _____

Address: _____

Phone: _____

DOB: _____ Sex: _____ SSN: _____

Responsible Care giver Name: _____ Relationship: _____

Address: _____ Phone: _____

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 in Home or Apartment

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:

What is the first positive childhood memory the participant has?

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

Does your participant enjoy any of the following?

- Singing drama/acting animals/pets engaging with children sports
- reading board games knitting/sewing musical instrument exercise
- movies household chores cooking/baking Wii Bible reading gardening
- Poetry money management 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: _____