

# HOPE HARBOUR DAY PROGRAM

## Caregiver Registration Form

### 1: Caregiver Information

Caregiver Name:
Relationship to Participant:
Phone Number (mobile/home/work):
Email Address:
Mailing Address:
Secondary/Emergency Contact Name:
Relationship:
Phone Number:

### 2: Participant Information

Participant Name:
Preferred Name:
Date of Birth:
Gender (optional):
Address (if different from caregiver):
Primary Language:
Other Languages Spoken:
Hearing or Vision Considerations:

### 3: Health & Safety Information

**Primary Diagnosis / Conditions:**(Examples: dementia, mobility challenges, diabetes, stroke recovery)

**Allergies** (food, medication, environmental):

**Medications (names only):**

***Note: Hope Harbor staff are qualified to administer medications at scheduled times and on an 'as-needed' basis.***

**Mobility Needs:**

- Independent     Cane     Walker     Wheelchair     Requires assistance

**Personal Care Needs:**

- Toileting support                       Incontinence products     Assistance with eating  
 Assistance with transfers     Choking hazard             Seizures             Hearing Aids

**Behavioral, Emotional, and Medication Considerations:**

- Wandering or exit-seeking  
 Anxiety or agitation  
 Sundowning (increased confusion in the late afternoon/evening)  
 Aggression (verbal or physical)  
 Hallucinations or delusions  
 Sleep disturbances  
 Resistance to care  
 Other (please specify): \_\_\_\_\_

### 4: Program Preferences

**Preferred Location:**

- |                                                     |                                                               |
|-----------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Cold Lake Community Church | <input type="checkbox"/> Every other Wednesday of every Month |
| <input type="checkbox"/> Points West Living         | <input type="checkbox"/> The second Wednesday of every Month  |
| <input type="checkbox"/> French Cultural Centre     | <input type="checkbox"/> Last Tuesday of the Month            |

**Arrival Time:**

**Pick-Up Time:**

**Transportation Needs:**

- Caregiver drop-off/pick-up     Community transport     Volunteer  
 Other: \_\_\_\_\_

**5: Social & Personal Interests**

**Activities the participant enjoys:**(Examples: music, crafts, puzzles, conversation, gentle exercise)

**Topics they love talking about:**

**Comfort items or routines that help them feel safe:**

**6: Consent & Agreements**

**I consent to my loved one participating in the Hope Harbor Day Program.**

Yes       No

**I consent to staff contacting me regarding updates to their care or any concerns.**

Yes       No

**I consent to emergency medical assistance if required.**

Yes       No

**Emergency Contact:**

*Procedure: Call all directives, family or AFCL*

**7: Optional**

**How did you hear about Hope Harbor?**

AFCL                       Healthcare provider                       Friend/family  
 Social Media               Other: \_\_\_\_\_

**Anything else you'd like us to know to support your loved one well?**

**Signature of Caregiver:**

**Date:**