



Inquiry Form from Caregiver

ofccoordinator@voaww.org • 425-232-6002

Primary Caregiver _____ Relation _____

Phone _____ Email _____

I understand that participants must be able to demonstrate these behaviors independently, without one-on-one assistance of caregiver or VOA staff or volunteer: feeding themselves, using the bathroom, moving short distances, (if applicable) taking medication, cooperating in a group setting, and consistently treating others with respect. I attest that my potential Club Member currently meets these expectations.

_____ Initials

Where did you learn about Old Friends Club (OFC)? _____

POTENTIAL MEMBER

Desired Club: Everett Lynnwood Open to either location

Name _____ Age _____ Gender _____

Partner/Marital status _____ Partner Name _____

Other care providers/relation _____

Lives with _____ Location _____ How long? _____

Diagnosis

When diagnosed? _____ How long has care been needed? _____

Medications?

Member adminsters own meds? Y N Meds taken during program hours: _____

Mobility equipment used _____

Incontinence products used _____

Assistance needed (activities following instructions, other ques)

Medical history (stroke, diabetes, depression, anxiety, etc.)

Veteran? Y N Physicians Order for Life Sustaining Treatment (POLST)? Y N

I attest that the information provided here is truthful and accurate, and I understand that, if my potential member no longer meets one or more of the Member Expectations, I will notify the Old Friends Club Coordinator as soon as possible.

Name _____ Signature _____ Date _____