

# Day-Break Club of The Villages

## Membership Requirements

- A resident of "The Villages" and have a "Villages ID Card"
- Spouse or caregiver must be within 20 miles of O'Dell Rec Center, and must have a cell phone in the event of emergency.
- Day-Breakers must be independent with the use of the restroom (guidance to/from is provided).
- Caregivers must sign "The Villages Recreation Facilities Waiver" prior to joining the club.

## Application Process

The Prospective applicant's caregiver will complete and return:

- The Membership Application form
- Completed Medications Record Card

Once you have been notified we have an opening, a club staff member will meet with the prospective Day-Breaker and the caregiver to assure the application is complete, seek clarity and answer any questions you may have. Both the caregiver and prospective member will meet with our medical reviewer. They will assess any risk hazards evident by the application or by personal observation. They will also review medications listed on the Medications Record Card. This will complete the application process and the applicant from that point forward may participate in club activities.

## Day-Break Member Participation Guidelines:

Day-Breakers should arrive between 1:00PM and 1:30PM. The caregiver must accompany them into the guilding for "Sign-In." Sign-in occurs at the Member Administrator's table, at which time their arrival is noted and a nametag provided.

The nametag has special markings to indicate any risk hazards that were noted during the interview process. Important also is that each name tag contains the Medications Record Card, which lists prescription medications taken, allergies, and caregiver contact information should an emergency occur. This blank card is provided by us as part of this application and must be completed and returned to us by the first visit.

Day-Break member pickup is between 3:45PM and 4:15PM. **The nametag that the member is wearing must be returned to the member administrator. Do not take these home!**

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## **Attendance Policy:**

Often there is a waiting list of individuals who wish to participate in the Day-Break club activities. Because of this, we have developed and adhere to these attendance guidelines:

- It is expected that attendance will be on a regular basis. Absence from three consecutive meetings will trigger a possible reconsideration of membership. For special circumstances, call Sandra Ricciardi (203) 376-2820.
- Tardy Pickup of a Day-Break member cannot be tolerated (excepting emergencies). The club must surrender the room by 4:30PM.

## **Medical:**

If a serious medical concern occurs or there is a fall deemed to be of a serious nature, 911 will be called for evaluation or lift assistance.

If your loved one has wounds that are covered/bandaged, please inform Sandra upon your arrival.

## **Food Restrictions:**

If on a special diet, please provide your own snacks. We do have "Snack time" and serve various food items including baked goods, fruit, cheese, crackers, etc.

## **Footwear:**

In the interest of safety, open-toed shoes may not be worn.

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## APPLICATION (pg 1 of 3)

Member's Name: \_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_

Nickname/Preferred name: \_\_\_\_\_ Male/Female \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Village of \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ Veteran? Y/N Branch \_\_\_\_\_

Hometown/Homestate \_\_\_\_\_ Recent Pets: \_\_\_\_\_

Is the member a part-time resident? Y / N \_\_\_\_\_ Lived in The Villages how long? \_\_\_\_\_

Spouse/Caregiver Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Caregiver's e-mail address: \_\_\_\_\_

**Alternate Local Emergency Contact if we cannot reach you** (neighbor, friend, other family member)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone # ( ) \_\_\_\_\_ Home # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_

### Day-Break Club of the Villages / Privacy Waiver

I give permission to share health information within the entirety of this application with Volunteers and EMS personnel if required.

Spouse/Caregiver

Signature \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_

**Important:** The Day-Break Club of the Villages is fortunate to have a compassionate and caring group of volunteers who do not have specialized training. They facilitate with games and activities to entertain our cherished membership of Day-Breakers. You should also be aware that photos are taken of members for identification purposes and to capture memorable moments during the many varied activities we provide.

By signing below, you release, waive, forever discharge, hold harmless, and covenant not to sue the volunteers of the Day-Break Club of the Villages. (See item #3 on The Villages Recreational Facility waiver form).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ 20\_\_

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## APPLICATION (pg 2/3)

### Activities of Daily Living (Circle appropriate number within each category):

#### Bathing

1. Independent - receives no assistance (gets in and out of tub/shower)
2. Assisted - receives assistance bathing only one part of the body (back, legs, etc)
3. Dependent - receives assistance bathing more than one part of the body

#### Dressing

1. Independent - gets clothes and dresses completely without assistance
2. Assisted - gets clothes and dresses with minor help
3. Dependent - gets assistance in getting clothing and dressing or stays partly or fully undressed

#### Toileting

1. Independent - goes to toilet and cleans self
2. Assisted - receives assistance in going to or cleaning self, or arranging clothes after elimination
3. Dependent - wears protective pads or doesn't go to room termed "toilet" for elimination

#### Mobility

1. Independent - able to ambulate without assistance from others or devices
2. Assisted - needs assistance with devices (cane or walker)
3. Dependent - requires wheelchair or more than one assistance

#### Transfer

1. Independent - moves in/out of bed or chair without assistance (may be supported by cane)
2. Assisted - moves in/out of bed or chair with one assistance
3. Dependent - does not get out of bed

#### Continence - must wear incontinence undergarments before any problems occur

1. Independent - controls urination and bowel movements completely by self
2. Dependent - has occasional "accidents"
3. Dependent - supervision helps urine or bowel control
4. Dependent - incontinent or catheter is used

#### Feeding

1. Independent - feeds self without assistance
2. Assisted - feeds self except cutting meat and arranging food
3. Dependent - requires assistance in feeding

#### Medications - Staff or Volunteers may not give members medications.

1. Independent - able to take medications correctly
2. Assisted - needs reminders and supervision of medications
3. Dependent - requires total administration of medications

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# APPLICATION (pg 3/3)

Member's Current Medical Issues: \_\_\_\_\_

Challenges/Comments: reason for care (i.e. dementia, fall prevention, stroke, etc)

**Please check all that apply:**

Wears Glasses \_\_\_\_\_ Wears hearing aids \_\_\_\_\_

Difficulty with: Speech \_\_\_\_\_ Swallowing \_\_\_\_\_ Comprehension \_\_\_\_\_

Needs assistance with: Ambulation \_\_\_\_\_ Transfers \_\_\_\_\_ Toileting \_\_\_\_\_ Exercise Program \_\_\_\_\_

Uses a: Cane \_\_\_\_\_ Walker \_\_\_\_\_ Wheelchair \_\_\_\_\_ Other \_\_\_\_\_

Must be watched for: Wandering \_\_\_\_\_ Choking \_\_\_\_\_ Falling \_\_\_\_\_ Other \_\_\_\_\_

**Please circle Y or N as applicable:**

Lactose Intolerant Y / N Diabetic Y / N Other Dietary Needs: \_\_\_\_\_

DNR in place? Y / N (must provide copy if yes)

What <u>current</u> activities does the member enjoy?
_____
_____
_____
_____
What techniques or distractions help to calm if upset or anxious?
_____
_____
_____
_____

By: _____	Date: _____
Entrance interview _____	_____ 20__

Medical Review / Comments:
Risk Hazards: <b>C D F L W</b>
Approved? Y / N
Signature: _____

<b>Final Approval:</b>
_____
Date _____ 20__

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