



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 an emergency
- Day-Breakers must be independent with use of the restroom, (guidance to is provided)
- Caregivers must sign the "The Villages Recreation Facilities Waiver" prior to joining the club

Application Process:

The prospective applicants caregiver will complete and return:

- The Membership Application form
- A 5 x 8 biography card, which is provided with the application packet
- Medication Record Card

On the same day, 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.

On a future date and after you have been notified we have an opening, both the caregiver and prospective member will meet with our medical professional. He / she will assess any "risk hazards" evident by the application or by personal observation. They will also review medications listed on Medications Record Card. This will complete the application process and the applicant from that point forward can participate in club activities.

Day-Break Member Participation Guidelines:

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

The name tag has special markings to indicate any "risk hazards" that were noted during the interview process. Important also is that each name tag contains a 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 returned to us by the first visit.

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

Caregiver Copy

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) 376-3820

Tardy Pick-up of a Day-Break member cannot be tolerated (excepting emergencies). The Club must surrender the room by 4:30

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 a Day-Break member must take medication during the hours of our meeting, they must be able to administer it on their own. We can give a reminder and provide water, but cannot assist in any other way.

Food Restrictions:

If on a special diet, please provide your own snacks. We do have "Snack Time" and generally serve some combination of mini-sandwiches, cookies, cake, ice-cream or fruit.

Foot-wear:

In the interest of safety, open-toed shoes cannot be worn

Caregiver Copy

Member's Name _____ **Date** _____

Nickname (or prefers to be called) _____ **Male or Female** _____

Address _____ Zip _____ Village of _____

Home Phone # _____ Cell Phone # _____

Name of Spouse or caregiver _____ Relationship _____

Caregiver's Email Address: _____

Age _____ Date of Birth _____ Marital Status _____ Veteran? Y N Branch _____

Is the member a part-time resident? _____ Lived in The Villages for how long _____

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 _____

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 _____

Activities of Daily Living

- Circle appropriate number within each category

Bathing

1. Independent – receives no assistance (get in & out of tub or 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 – get clothes and dresses completely without assistance
2. Assisted – get 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 in cleansing self or in arranging clothes after elimination or needs assistance
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 a wheelchair or more than one assist

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 assist
3. Dependent – does not get out of bed

Contenance – must wear depends before any problems occur

1. Independence – 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 medication

Member's Current Medical Issues _____

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

Please check-mark all that apply:

Wears glasses ___ Wears hearing aids ___
Has Difficulty with: Speech ___ Swallowing ___ Comprehension ___
Needs assistance with: Ambulation ___ Transfers ___ Toileting ___ Exercise Program ___
Uses a: Cane ___ Walker ___ Wheel Chair ___ Other _____
Must be watched for: Wandering ___ Choking ___ Falling ___ Other _____
Needs restroom reminders ___ Positioning ___ Transfers ___ Supervise Changing Depends ___

Lactose Intolerant? Y N Diabetic? Y N DNR in place? Y N

Leave
Blank

Copy of Medical Card is placed here

By	Date
Entrance Interview	_____

Medical Review / Comments?

Risk Hazards? **C D F L W**

Approved? **Y N** Date _____

Signature _____

Final Approval:
_____ Date _____