

PARKINSON PARTNERS RESPITE CARE PROGRAM APPLICATION

The Parkinson's Respite Care Program will provide \$500 (approximately 24 hours), renewable annually in July. After receiving your application and determining your eligibility, it will be forwarded to Senior Helpers, the Home Care Agency who will staff the program. A representative from Senior Helpers will contact you to schedule a free in-home assessment. Transportation services are available, but if the Senior Helpers caregiver has to utilize their own vehicle, there is an additional 55 cents per mile charge. The mileage fee will be covered by the \$500 grant, but will reduce the number of hours you receive.

**Please mail application to:
Parkinson Partners of NW PA, Inc.
PO Box 10547
Erie, PA 16514
814-899-3030**

CLIENT/CAREGIVER INFORMATION

| | | | |
|------------------|--|-------|-----|
| Client's Name | | Phone | |
| Caregiver's Name | | Phone | |
| Client Address | | | |
| City | | State | Zip |

CLIENT PERSONAL DATA

| | | |
|---|---|---------------------|
| Age | Number of Household Members | Pets |
| Neurologist's Name | | Neurologist's Phone |
| Primary Language | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | |
| Primary Diagnosis _____ | | |
| What type of assistance do you require? <i>(Please check all that apply.)</i> <input type="checkbox"/> Standing <input type="checkbox"/> Walking <input type="checkbox"/> Eating <input type="checkbox"/> Toileting <input type="checkbox"/> Speaking <input type="checkbox"/> Other <i>(please specify)</i> | | |

QUESTIONS FOR CAREGIVER

How will the Respite Care Program help you?

What are the client needs in the home?

What are your preferences for Respite Care? Weekday Weekend

I understand that the caregiver's purpose is to provide companion care. Caregivers are not to complete financial paperwork or conduct monetary transactions. I understand that services are provided in two-hour minimum increments. Furthermore, if additional services are desired over the approved amount, it will become my (client) sole financial responsibility.

Client Signature

Date