



HOUSE OF FRIENDS APPLICATION OF INTEREST

Dementia respite program meets Thursdays, 9:30 a.m. – 1:30 p.m.,
at Bethany United Methodist Church Website: www.BethanyHOF.org

Date: ___/___/___ How did you learn about this program? _____

Does the prospective participant currently attend another respite program? _____

If yes, what program _____

CAREGIVER INFORMATION

Name of Caregiver: _____ Relation to Participant : _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____

Email address: _____

Best time to contact: _____

PARTICIPANT (CLIENT) INFORMATION

Name: _____ Date of Birth: ___/___/___

Address (if different from above): _____

Has the participant been diagnosed with dementia? _____ Date of diagnosis _____

What type? _____

What stage? ___Early; ___Middle; ___Late

Is the participant able to communicate with others? ___Yes; ___No

Does the participant use walk aids? ___Yes; ___No. If yes, what type: _____

Is the participant continent? ___Yes; ___No

Can the participant self-toilet? ___Yes; ___No

Additional Comments:

Please return to: Susie Petersen, House of Friends Director.
Bethany United Methodist Church, 10010 Anderson Mill Road, Austin, TX 78750.

S.Petersen419@gmail.com , 512-258-6017x254 office