



ANACORTES

OLD FRIENDS
CLUB

®

A Program of PNW Home For Life Foundation

Member Registration

Club Location: _____ Today's Date: _____

Club Member Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Caregiver Contact Information:

Name: _____

Caregiver Age

Relationship to Club Member: _____

Home phone: _____ Mobile phone: _____

Email: _____

Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Start Date: _____

Functional Status

Primary Diagnosis (if known): _____

Year Diagnosed: _____ When were symptoms first noticed (approximate): _____

Communication issues or assistive devices (select all that apply):

☐ Vision ☐ Hearing ☐ Reading/Writing ☐ Speech

Notes:

Nutrition (select one): ☐ Eats without help ☐ Needs some help (cutting/arranging)

Dietary restrictions or dislikes:

Food allergies: ☐ No ☐ Yes:

Special diets cannot be guaranteed. The Member may bring their own lunch if needed.

Other allergies:

Personal Care (select all that apply):

☐ Needs help to find the way ☐ Needs cueing/guidance in the restroom
☐ Needs help with clothing ☐ Needs assistance for mobility/balance

Uses incontinence products: ☐ Pads ☐ Briefs ☐ Other

Other issues:

Current smoker? ☐ Yes ☐ No

(Program staff cannot assist with smoking. Please do not send cigarettes.)

Conditions or medications that may impact the Member's time in the program.

Include issues with wandering, aggression, anxiety, hallucinations, etc.:

Social History

Please complete as much of this section as is relevant and comfortable to share. This information helps OFC staff get to know the new Member.

Preferred Name: _____ Place of Birth: _____

Marital Status: _____ Preferred pronouns: _____

Gender: _____ Race/ethnicity: _____

Number of children? _____ Number of grandchildren? _____

Veteran? _____ Branch of service: _____

Type/names of pets: _____

Community involvement: _____

Education: _____

Preferred language: _____ Other languages? _____

Previous occupation(s): _____

Places lived or traveled: _____

Favorite song or music: _____

Pet peeves: _____

Hobbies: _____

Interests:

- | | | |
|---|---|---------------------------------------|
| ☐ Arts/Crafts | ☐ Singing | ☐ Dancing |
| ☐ Painting | ☐ Word Games | ☐ Sports |
| ☐ Baking/Cooking | ☐ Bingo | ☐ Nature |
| ☐ Gardening | ☐ Bowling | ☐ Travel |
| ☐ Poetry | ☐ Board/Card Games | ☐ Other: _____ |
| ☐ Reading | ☐ Photography | ☐ Other: _____ |
| ☐ Music | ☐ Children | |

Describe a typical good day:

Describe a typical bad day:

What soothes or helps calm:

Other information staff should know:

Emergency Situations

If a Club Member is in distress, staff will call 911. When emergency medical personnel are on their way, staff will then contact the caregiver.

Please provide a copy of the Member's POLST if one is in place. The POLST is required if AND (Allow Natural Death) / DNR (Do Not Resuscitate) order is in place. See the Things to Know document for more information about POLST.

Occasionally incidents occur, such as hygiene issues or sudden illness, which compromise the Member's comfort at the program. In such situations, you may need to be prepared to pick up the Member.

You will also be called if other circumstances arise that require the program to close for the day, such as power outage, sudden severe weather, or regional emergency.

I have read and understand these policies regarding emergencies: _____

Emergency Contacts

The primary caregiver will be called first unless otherwise requested. Please list emergency contacts in the order which they should be called.

1) Name: _____ Relation: _____

Phone: _____ OK to Text? ☐ Yes ☐ No

2) Name: _____ Relation: _____

Phone: _____ OK to Text? ☐ Yes ☐ No

3) Name: _____ Relation: _____

Phone: _____ OK to Text? ☐ Yes ☐ No

A copy of the POLST has been provided (Select one): ☐ Yes ☐ No

Member's "code" status? (Select one): ☐ Perform CPR ☐ AND/DNR

Policies

Attendance Policy:

Program staff must be notified as soon as possible if the Member will be late or cannot attend on a scheduled day. Consistency is important to the Members and to keeping the Club running smoothly. Try to arrange appointments on days not scheduled to attend.

I have read and understand the attendance policy and agree to inform OFC promptly of delays or absences _____

Meal Policy:

Lunch is provided each day. Adherence to special diets cannot be guaranteed. If a special diet is required, the family may provide it. Discuss any dietary needs with staff at enrollment and with any chance.

I have read and understand the meal policy _____

Medication Policy:

Program staff cannot administer medications. Members who require medication during program hours must be able to self-administer. Staff may assist only (remind Member or open bottle). Please notify program staff of any medication changes.

I have read and understand the medication policy _____

Photo/Audio/Video Media/Art Release:

I give my consent that Old Friends Club shall have the absolute right and permission to publish and use photographs/video of the Member. These images may be used in community awareness, educational and promotional materials, such as website articles, social media, presentation displays, grant applications, video documentaries, and both printed and online newsletters.

I understand that the photograph/video may be cropped, reduced, or enlarged in size. I also understand that the photo/video may be used locally and/or nationally. I hereby waive any inspection or approval of the finished product and hold Old Friends Club harmless from any liability by virtue of distortion of said use of publication.

I understand that this permission is granted from the date below forward, unless I notify the Old Friends Club in writing of my rescission.

I grant permission for OFC to use the Member's photo/audio/video/art _____

Membership Agreement

I have been provided with a copy of Old Friends Club policies and understand my responsibility to comply with these conditions as a stipulation of program enrollment. I understand the first three weeks of attendance are an evaluation period to determine fit and appropriateness for Old Friends Club services and that the daily rate applies during the trial period.

I understand that payment is due on the first day of attendance, and ongoing membership fees are due at the beginning of each month for the upcoming month.

Absences: Monthly fees remain the same regardless of an occasional missed day. Regular attendance is important as consistency benefits each member and the group as a whole. Please discuss extended absences with the program staff.

Release of Liability: Old Friends Club and OFC program staff are not responsible for any accidents that may occur during Club hours or onsite. Program staff will work to ensure a safe environment for all Members.

I have read the above information and release Old Friends Club Network and the OFC program staff from liability.

By signing below, I agree to the Old Friends Club policies and accept responsibility to ensure the program fees are paid.

Signature: _____ **Date:** _____

Member Name: _____

Number of Days Attending per Week: _____ Monthly Fee: _____

Person responsible for paying Club fees: _____

If Billing Contact is not the primary caregiver, please provide contact information below:

Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____