



the compassion to care, the leadership to conquer

CAREGIVER TIME OUT APPLICATION

Primary Caregiver's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Ethnicity: African-American \_\_\_\_\_ Caucasian \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_ Other \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (cell): \_\_\_\_\_ (work): \_\_\_\_\_

Caregiver's relationship to Patient: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_

Ethnicity: African-American \_\_\_\_\_ Caucasian \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_ Other: \_\_\_\_\_

Language Spoke by Person with Dementia: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred to Caregiver Time Out by: \_\_\_\_\_

List below all members living in your household (excluding self)

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_ Employer/Occupation \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1) How many days per week do you currently have respite care? \_\_\_\_\_

2) What form of respite care are you currently receiving?  
In Home \_\_\_\_\_ Adult Day Care \_\_\_\_\_ Other \_\_\_\_\_

3) How is the respite care paid for?  
Private Pay \_\_\_\_\_ CCSP \_\_\_\_\_ Medicare \_\_\_\_\_ Other \_\_\_\_\_

I hereby release the Georgia Chapter of the Alzheimer's Association from any liability associated with care provided for the patient named above.

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

Mail the **thoroughly** completed forms to the address below  
Atlanta: 1925 Century Blvd. NE\*Suite 10\*Atlanta\*GA\*30345\*404-728-1181\*800-272-3900

Please complete this checklist **thoroughly** according to the Alzheimer's patient's ability to perform these activities. **(Check one in each category)**

<b>SPEECH</b>	
Easily understandable	
Has trouble thinking of words or names	
Does not talk; may make sounds	

<b>BATHING</b>	
Independent	
Needs partial assistance	
Needs full assistance	

<b>UNDERSTANDING</b>	
Usually understands everything	
Needs repetition and explanation	
Does not understand most of the time	

<b>MONEY</b>	
No problem handling money	
Difficulty, loses or misplaces	
Needs total help or no longer uses	

<b>READING</b>	
Reads	
Reads without full comprehension	
Does not understand most of the time	

<b>TELEPHONE</b>	
No problem	
Answers only or needs assistance	
Little or no use	

<b>WRITING</b>	
Writes	
Writes with occasional difficulty	
Hardly even writes (signs name only)	
No longer writes	

<b>TRAVEL</b>	
Able to get out – shopping or recreation	
Gets lost, needs to be accompanied	
Needs full assistance to go out	
Home bound	

<b>TOILETING</b>	
Independent	
Needs assistance	
Cannot control bladder only	
Cannot control bladder and bowel	

<b>MOBILITY</b>	
Independent (includes devices, canes, etc.)	
Needs assistance to transfer or ambulate	
Needs total assistance	

<b>EATING</b>	
Independent	
Set-up or partial assistance	
Spoon fed	
Tube feeding	