



OLD FRIENDS CLUB

PO Box 2472

Kirkland, WA 98083

425-681-9776

welcome@oldfriendsclub.org

Welcoming Friends. Enriching Lives.

Club Registration

Today's Date: _____

Club Member Name: _____

Address: _____

City/State/Zip: _____

Primary Caregiver Name: _____

Relationship to Club Member: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Address (if different): _____

City/State/Zip: _____

Please circle preferred program location and days of attendance:

Carnation: Mon / Tues / Thurs

Kirkland: Mon / Tues / Thurs

Bellevue: Wed / Fri

Issaquah: Tues / Thur

Start Date: _____

How did you learn about Old Friends Club? _____

Functional Status

Help us understand what kind of assistance the Club Member needs through the day.

Date of Birth: _____

Primary diagnosis: _____

Year diagnosed: _____ When were symptoms first noticed? (approximate) _____

Describe concerns that may impact the Member's time in the program, if any:

Medical issues we should be aware of: _____

Medications needed during program hours: _____
(Member must be able to self-administer medication. We can only remind/open bottle)

Communication:

Vision: _____

Hearing: _____

Reading/Writing: _____

Speech: _____

Nutrition: ☐ Eats without help ☐ Needs some assistance (cutting/spreading): _____

Food restrictions or dislikes: _____

Personal Care: (check all that apply)

- ☐ Independent ☐ Needs help to find the way ☐ Needs cueing/guidance in the restroom
☐ Needs standby assistance for mobility/balance ☐ Needs help with clothing (buttons, etc)
☐ Uses incontinence products. ☐ Pads ☐ Briefs ☐ other _____

Other issues

Wandering: ☐ No --or-- ☐ Possible – If so, are they exit seeking? ☐ Yes ☐ No

What might trigger wandering? _____

If any depression, anxiety, hallucinations, etc., describe typical instance: _____

Current smoker? ☐ No ☐ Yes, but not during program ☐ Yes, needs accommodation

Other issue we should be aware of? _____

Social History

What matters to the Member? This helps us tailor conversations and activities to their interests.

Preferred Name: _____ Place of Birth: _____

Marital Status: _____

How many children? _____ First names and city where they live: _____

How many grandchildren? _____

Veteran? _____ War vet? _____ Branch of service: _____

Type/names of pets: _____

Community or church involvement: _____

Education: _____

Languages spoken: _____

Occupation(s): _____

Places lived or traveled: _____

Hobbies: _____

Favorite song or music: _____

Pet peeves: _____

Interests: Check activities the member enjoys currently *or enjoyed in the past*.

☐ Arts / Crafts

☐ Word Games

☐ Sports

☐ Baking / Cooking

☐ Bingo

☐ Nature

☐ Gardening

☐ Bowling

☐ Travel

☐ Poetry / Reading

☐ Board or Card Games

☐ _____

☐ Music or singing

☐ Children

☐ _____

☐ Pets / Animals

☐ Dancing

☐ _____

Describe a typical good day: _____

Describe a typical bad day: _____

Emergency Contacts:

We will call the primary caregiver first unless otherwise requested. Please list emergency contacts in the order they should be called. List email if they'd like to receive communications from OFC such as newsletters or opportunities for support.

1.) Name: _____ Relation: _____

Phone _____ Text ok? ☐

Email: _____

2.) Name: _____ Relation: _____

Phone _____ Text ok? ☐

Email: _____

3.) Name: _____ Relation: _____

Phone _____ Text ok? ☐

Email: _____

When we will call:

Comfort situations:

Occasionally incidents occur, such as illness or hygiene issues, which compromise the Member's comfort at the program. In such situations, we will call the caregiver to pick up the Member.

We will also call in case of a power outage, severe weather or regional emergency.

Emergency situations:

If a Club Member is in distress, staff will call 911 and contact the caregiver as soon as emergency medical personnel are on the way.

Please initial your permission to call 911 for medical emergencies. _____

POLST:

Please provide a copy of POLST (Physicians Orders for Life Sustaining Treatment) to assure advance directive is followed. This is especially important if a DNR order is in place.

We have provided copy of the POLST: Yes ☐ No ☐

What is Member's "code" status? Perform CPR ☐ or Do Not Resuscitate ☐

Policies and Releases:

Medication Policy:

Members who require medication during program hours must be able to self-administer. Staff may assist only (remind, open bottle). Discuss any medication needs with staff at enrollment and when there is any change.

Although we do not administer medications, please let us know when there has been a medication change that may impact behavior. We can be alert to the affects and be extra eyes for you.

Please initial your agreement to this medication policy. _____

Meal Policy:

Lunch is provided each day. We try to be mindful of preferences but cannot guarantee adherence to special diets. If a special diet is required, we ask the family to provide it. Discuss any dietary needs with staff at enrollment and when there is any change.

Please initial your agreement to this meal policy. _____

Attendance Policy:

Please let us know as soon as possible if the Member 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. When possible, a missed day may be rescheduled in that same week. Please discuss extended absences with the director.

Please initial your agreement to inform us of delays or absences. _____

Photo release:

Old Friends Club will maintain current photographs of Members for internal records. OFC requests permission to also use photos in marketing materials including flyers and our website.

Your initials here indicate photo release for these purposes. _____

Artwork release:

Art is a means for Members to communicate, relax and learn new things about themselves. OFC would like your permission to use artwork created by the member in marketing and outreach tools to help us demonstrate the breadth of activities Members enjoy.

Your initials here give us permission to use Member's artwork in community outreach materials. _____.

May we use the name to identify the artist? Yes, first only ☐ No ☐

Membership Fees

Fees: We work to balance affordability for families and sustainability for the Club. Fees are subject to change. With the help of donors, financial assistance may be available if needed.

Fees are billed at the beginning of each month, based on number of days scheduled to attend each week.

2 days per week = \$650 per month

3 days per week = \$875 per 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. However, we understand unexpected things happen. When possible, a missed day may be rescheduled in that same week. Please discuss extended absences with the director.

Payment is due prior to attendance. An invoice will be emailed at the beginning of each month.

We request automatic payment by credit/debit card. The monthly amount will be charged to your card on or around the first of each month and a receipt will be emailed to you.

Credit card information is kept encrypted and secure in our financial system.

Program staff cannot accept payment.

Please provide contact information of person responsible for Club fees:

Name: _____ **Phone:** _____

Email: _____

Address (if different than primary caregiver): _____

City/State/Zip: _____

Signature of person agreeing to Club fees: _____

Credit Card # _____ Exp Date: _____

Type of Card: _____ Name on Card: _____

We will destroy this portion of the document once entered in our system.