



## Operational Procedures for Participants & Caregivers

### Mission:

The mission of the Hope & Help Day Club is to provide a safe and secure environment for the person with Alzheimer's disease or related dementia to enjoy social interaction while providing stimulating activities. The Day Club also provides respite as well as education for the caregiver.

### Date and Time:

The Day Club will be held on Thursdays from 10AM-2PM. The schedule may vary around a holiday. In case of inclement weather, Hope & Help Day Club will not meet if Longview ISD has cancelled classes.

In 2024, we will not meet the following dates:

July 4

August 1

November 28

December 26

January 2, 2025

### Location:

The Hope & Help Day Club is held at Mobberly Baptist Church at 625 E Loop 281 @ The Bridge. Enter the north side of the church, not the Loop 281 side.

### Day Club Information:

Please call ETAA 903-230-8001 or Sally Hendricks 903-746-4698

[www.etxalz.org](http://www.etxalz.org)

### Day Club Enrollment:

Please call Sally Hendricks 903-746-4698

### Contact During Day Club Operation:

Please call Sally Hendricks 903-746-4698

### Enrollment Requirements:

The following criteria are recommended:

- Participant demonstrates memory loss from Alzheimer's disease or a related dementia.
- Participant is able to walk and requires minimal assistance with self-care skills (eating and toiletry)
- Participant requires minimal dietary adjustments
- Participant requires no medication administration by the staff during the hours of operation
- Participant demonstrates no behavior that is harmful to self or others

### Dismissal:

A participant may be dismissed from the program if their behavior becomes dangerous to themselves or others or when their status falls below the enrollment requirements.

### Enrollment Fee:

The cost to attend Hope & Help Day Club is \$5 per day and will include a light snack and drink. Fees may be paid by cash, check, PayPal (including recurring payments), or Venmo.

### Management:

The Hope & Help Day Club is a program of the East Texas Alzheimer's Alliance. The Day Club staff team consists of a director and volunteers. Staff and volunteers are trained in all aspects of care and interaction pertaining to the person with Alzheimer's disease or related dementia. We have done everything possible to offer a safe, secure and stimulating environment for your loved one.

### Complaint Procedures:

Should a concern or complaint arise, please contact the Hope & Help Day Club Director at 903-746-4698 or ETAA Office at 903-230-8001.

### Emergency Procedures:

It is the policy of the Day Club to dial 911 for emergency medical service in the event of an emergency. In all cases of emergency, the person designated as emergency contact will be notified. Please be sure to list a second emergency contact on your application in case the staff cannot reach you and keep your cell phone ON and accessible during the program.

### Extra Clothing:

As needed, families are encouraged to bring an extra set of clothing for their loved one.

### Money/Jewelry:

Families are asked not to let their loved one bring money with them to the Day Club, except small change. We also ask that the client not wear valuable jewelry. We cannot take responsibility for lost money or articles.

***We are very pleased to offer this service for your loved one. Please let us know if you have any suggestions to make this the best day club experience possible.***



## Enrollment Application/Emergency Information

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Male / Female

**DNR on record at Day Club: YES / NO**

**Medications Allergies:** \_\_\_\_\_

Religion: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Language: English / Spanish / Other: \_\_\_\_\_

Marital Status: Married / Single / Widowed / Separated / Divorced

### Caregiver Information/Primary Emergency Contact:

**Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Months caring for loved one: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Employer: \_\_\_\_\_

### Participant's Medical Information:

Diagnosis: \_\_\_\_\_

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

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Diet: Regular Other/Special Needs: \_\_\_\_\_

Any recent concerns/changes/medical events: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Participant Name: \_\_\_\_\_

**Medications:**

**Dosage/Frequency:**

**Purpose:**

- |    |       |       |       |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |

Food Allergies: \_\_\_\_\_

Eating Precautions: \_\_\_\_\_

Diabetes/Type: \_\_\_\_\_

**Second Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Other Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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**Responsible Party:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Recipe for a Life Story

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Where did he/she grow up? \_\_\_\_\_

Nickname/Terms of Endearment: \_\_\_\_\_

Marital Status: M S D W Sep Spouse's/Partner's Name: \_\_\_\_\_

How many years married? \_\_\_\_\_ Occupation: \_\_\_\_\_

# of children: \_\_\_\_\_ # of grandchildren: \_\_\_\_\_ # of great grandchildren: \_\_\_\_\_

Name of Children	Age	Spouse	Children's Name	Age
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____

## Childhood:

Mother's Name: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Occupation: \_\_\_\_\_

Brothers/Sisters: \_\_\_\_\_

Pets: \_\_\_\_\_ Early Education: \_\_\_\_\_

School Days, memories, favorite or humorous events: \_\_\_\_\_

Honors/awards/proud moments: \_\_\_\_\_

## Adolescence

Name of High School: \_\_\_\_\_ Favorite Subject: \_\_\_\_\_

Name of Best Friend: \_\_\_\_\_

Hobbies/Sports/Interests: \_\_\_\_\_

First Job: \_\_\_\_\_ Favorite Clothing: \_\_\_\_\_

High School Memories/Favorite/Humorous events: \_\_\_\_\_

Honors/awards/proud moments: \_\_\_\_\_

## Young Adulthood:

Name of College: \_\_\_\_\_

Clubs/Community Involvement: \_\_\_\_\_

Marriage(s)/Partners: \_\_\_\_\_ Wedding Anniversary: \_\_\_\_\_

First Date w/Spouse/Partners: \_\_\_\_\_

Wedding Day memories: \_\_\_\_\_

First Home: \_\_\_\_\_

Military Service: \_\_\_\_\_

Work years' memories/favorite humorous events: \_\_\_\_\_

Special memories about children: \_\_\_\_\_

Honors/awards/proud moments: \_\_\_\_\_

## Middle Age:

Hobbies: \_\_\_\_\_

Clubs/Organizations: \_\_\_\_\_

Honors/awards/proud moments: \_\_\_\_\_

Special memories about grandchildren, favorite or humorous events: \_\_\_\_\_

\_\_\_\_\_

## Older Adulthood:

Life achievements and accomplishments: \_\_\_\_\_

\_\_\_\_\_

Hobbies: \_\_\_\_\_

Travel: \_\_\_\_\_

Special memories about family, favorite, or humorous events: \_\_\_\_\_

\_\_\_\_\_

## Other Major Ingredients:

Ethnicity: \_\_\_\_\_ Religious/Spiritual: \_\_\_\_\_

Awards: \_\_\_\_\_

Special Skills: \_\_\_\_\_

Favorite movie actor/actress: \_\_\_\_\_

Favorite music style: \_\_\_\_\_

Favorite sports personality: \_\_\_\_\_

Favorite color: \_\_\_\_\_

Favorite book: \_\_\_\_\_

Other favorites: \_\_\_\_\_

Traumas/tragedies to be aware of: \_\_\_\_\_

How does this person like to spend New Year's Eve? \_\_\_\_\_

If stuck on a desert island, what 3 things would he/she bring (assume food, water, shelter are already provided):

\_\_\_\_\_

Would his/her desk (or kitchen shelves) be neat or messy? \_\_\_\_\_

Is the person an optimist or a pessimist? \_\_\_\_\_

What was his or her attitude toward money? \_\_\_\_\_

Finally, I would like you to know the following about this person: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Emergency Identification Form/Photograph

***This form must accompany Enrollment Application/Emergency Information form in case of emergency.***

Participant's Name: \_\_\_\_\_

Person responds to: \_\_\_\_\_ (nickname)

Weight: \_\_\_\_\_

Height: \_\_\_\_\_

Build: \_\_\_\_\_

Skin: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Attach photo below:





Activity Interest Form

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Below is a list of hobbies and activities. Please check those that apply.

<b>Crafts</b>	<b>Yes</b>	<b>No</b>	<b>Social</b>	<b>Yes</b>	<b>No</b>	<b>List of Past Hobbies</b>
Crocheting			Parties			
Ceramics			Sing a Longs			
Plaster			Volunteering			
Woodwork			Manicures			
Weaving			Discussions			
Painting			Public Events			
Drawing			Trivia			
<b>Sports &amp; Games</b>	<b>Yes</b>	<b>No</b>	<b>Religious</b>	<b>Yes</b>	<b>No</b>	<b>List any other activities you enjoy</b>
Cards			Bible Stories			
Bingo			Devotional			
Checkers			Religious Literature			
Dominoes			Church Service			
Puzzles			Communion			
Sport Events			Children Activities			
Guessing Games						
<b>Literacy</b>	<b>Yes</b>	<b>No</b>	<b>Dramatics</b>	<b>Yes</b>	<b>No</b>	<b>Do you play an instrument?</b>
Talking Books			Movies			
Newspaper			Travelogues			
Magazines			Concerts			
Watching TV			Athletic Event			
Listening to Radio			Plays			
<b>Nature &amp; Outings</b>	<b>Yes</b>	<b>No</b>	<b>Music</b>	<b>Yes</b>	<b>No</b>	<b>Do you like dancing? If so what type?</b>
Fishing			Tejano			
Gardening			Classical			
Picnic			Modern			
Walks			Country			
Shopping			Pop			
Van Rides						

## Best Friends Assessment

Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Check the boxes that apply to assess your loved one's cognitive ability.

	Poor	Fair	Good	Excellent
Memory				
Judgement				
Language				
Initiative				
Problems Solving				
Responsiveness to instructions/requests				
Overall Cognitive Function				

Check the boxes that apply to assess your loved one's overall health.

	Poor	Fair	Good	Excellent
Vision				
Hearing				
Mobility				
Overall Health				

Check the words that describe your loved one's personality before the illness and today.

	Poor	Fair	Good	Excellent
Content				
Extrovert				
Fatalistic				
Friendly				
Happy				
Introvert				
Reserved				
Serious				
Suspicious				
Timid				

List which personality traits have changed. Can you name any triggers (e.g. people, places, time of day) or ideas as to why the change occurred?

Change: \_\_\_\_\_ Reason: \_\_\_\_\_

Change: \_\_\_\_\_ Reason: \_\_\_\_\_

Change: \_\_\_\_\_ Reason: \_\_\_\_\_

List your loved one's three most challenging behaviors:

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Can you name any triggers (e.g. people, places, time of day) that cause problems?

Problem: \_\_\_\_\_ Trigger: \_\_\_\_\_

Problem: \_\_\_\_\_ Trigger: \_\_\_\_\_

Problem: \_\_\_\_\_ Trigger: \_\_\_\_\_

List at least three things that your loved one seems to particularly enjoy or respond to:

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List three qualities about your loved one that you would like others to know. (These qualities could include values, beliefs, traditions, or achievements.) How would your loved one have described himself or herself if asked to do so in just a few words?

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## Liability Release

I, \_\_\_\_\_, \_\_\_\_\_, of  
(caregiver's name) (relationship)

\_\_\_\_\_  
(participant)

\_\_\_\_\_ 1. Will NOT hold the Alzheimer's Alliance/Mobberly Baptist Church, their volunteers, students and/or any paid staff members responsible for any accident and/or injury, including death, incurred by my loved one while attending the Hope & Help Day Club, and all other related activities.

\_\_\_\_\_ 2. Give my permission for the above-named participant to have photographs and/or videos, including interviews, while attending the Day Club, and all other related activities.

In the case of an emergency accident and/or illness, including death, I understand that the day club staff and/or volunteers will initiate any care, including lifesaving measures (if they do not have an "Out of Hospital DNR" on file), and will call 911 prior to contacting the caregivers or other relatives and friends as designated in the 'contact' information on page one of this form.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Witness \_\_\_\_\_



**East Texas Alzheimer's Alliance  
Photo/Media/Art Release**

**Photos/Video/Media/Internet**

\_\_\_\_ Yes! I give my permission for \_\_\_\_\_ (participant's or volunteer's name) photo/videos to be taken and released by entities deemed appropriate by the East Texas Alzheimer's Alliance/Mobberly Baptist Church including local media outlets for use in publicity and news coverage (TV, Radio, Newspaper, Websites) and the Alzheimer's Alliance/Mobberly Baptist Church newsletter. Furthermore, I give permission for my/his/her name to appear in print as a caption to photographs in any and all publications approved by the Alzheimer's Alliance/Mobberly Baptist Church.

\_\_\_\_ No! I do not give permission for \_\_\_\_\_ to appear in photographs, named in captions, or in video deemed appropriate by the East Texas Alzheimer's Alliance/Mobberly Baptist Church.

**Artwork  
(Participants Only)**

\_\_\_\_ Yes! I give permission for the artwork created by \_\_\_\_\_ (participant's name) while attending Hope & Help Day Club to be used by the East Texas Alzheimer's Alliance/Mobberly Baptist Church for display purposes at fundraising events, galas, or publicity functions and to be copied and printed (i.e. notecard fronts) for purposes of the same deemed appropriate by the East Texas Alzheimer's Alliance/Mobberly Baptist Church.

\_\_\_\_ No! I do not give permission for art created by \_\_\_\_\_ while attending Hope & Help Day Club to be used by the East Texas Alzheimer's Alliance/Mobberly Baptist Church for any reason. The artwork will be immediately returned to the artist and their caretaker.

Participant or Volunteer Name \_\_\_\_\_

Caregiver or Volunteer Signature \_\_\_\_\_

Date: \_\_\_\_\_