



A COMMUNITY RESPITE MINISTRY FOR ADULTS

1580 Peachtree St. NW

Atlanta, GA 30309

(404) 876-5535

www.peachtree.org

Contact Information:

Rev. Katie Bond

Executive Minister &
Director of Respite Ministry

kbond@peachtree.org

404-876-5535 x 303 (0)

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Karen Upchurch

Lead Volunteer

karen.upchurch@gmail.com

404-713-6425 (C)

Website

www.peachtree.org/legacyrespite

ENROLLMENT/MEDICAL FORM

Today's date: _____

Participant's Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Caregiver's Name: _____

Emergency Phone Number: _____

Caregiver's Email Address: _____

Caregiver's Address: _____ City: _____ State: _____

Zip: _____

Participant attendance: _____ Tuesday

The above named person has applied for enrollment or is currently enrolled at The Legacy Club Community Respite at Peachtree Christian Church in Atlanta, GA. Your careful completion of this form will help ensure that the applicant is provided appropriate care and services, encourage safe participation in program activities, and provide a current medical history in the event of an emergency. Any information reported on this form is considered confidential and will be released only with the caregiver's/applicant's written permission.

Please indicate if the applicant has any of the following diseases or conditions, and if special attention or restrictions to normal activities apply.

Current Disease/Chronic Condition	Ye s	Special Attention Required	Restriction on Activities
Dementia (please list type if known)			
Anemia			
Arthritis			
Asthma			
Cerebral Palsy			
Diabetes			
Effects of Stroke/Paralysis			
Emphysema/Bronchitis			
Epilepsy/Seizures/Fainting Spells			
Gastrointestinal Problems			
Heart Trouble			
Hepatitis/HIV (please specify)			
High Blood Pressure			
Kidney Urinary Tract Problems			
Parkinson's Disease			
Skin Disorders			
Tuberculosis			

Other diseases or medical conditions not previously mentioned:

Allergies (dietary and other):

Medical conditions currently being treated other than Dementia?

NO YES

If yes, please explain: _____

Any known psychiatric diagnosis? NO YES

If yes, please comment on nature, severity and current treatment: _____

Are there any medical restrictions on physical activities such as mild exercise, etc.? NO YES

If yes, please explain: _____

Please list the applicant's current medications including dosage and frequency. (This is for emergency purposes ONLY. We will not store or dispense medications.)

Medication	Dosage	Frequency	Notes

Special diet required? NO YES

If yes, please explain: _____

Additional Comments:

Insurance Information

Insurance: _____

Name of Policy holder: _____

Policy Number: _____

Group Number : _____

Physician and Hospital Information

Name of Doctor: _____ Phone Number: _____

Preferred Hospital: Grady Piedmont Emory Midtown Other:

EMERGENCY CONTACT:

Call 1st: Name/Relation _____ Number: _____

Call 2nd: Name/ Relation _____ Number: _____

Call 3rd: Name/ Relation _____ Number: _____

Caregivers Full Name: _____

Caregivers Relationship to Participant: Spouse Child Other

The following persons **ARE** allowed to pick up my loved one:

The following persons **ARE NOT** allowed to pick up my loved one:

ALL ABOUT ME (PARTICIPANT INFO):

*It's very important for us to know about our participant's likes and interests.
Please tell us all about them!*

Name:_____

Nickname:_____

PHOTO

Birthday:_____

Previous profession: _____

Favorite Vacation destination:_____

Favorite Food:_____

Favorite Place:_____

**Briefly describe his/her family so we may ask about them if needed
(their parents, siblings, spouse, or children and pets):**

Favorite past times and hobbies:

Name preferred on nametag: _____

**List anything special you would like the volunteer team to know
about your person:**

POLICIES AND PROCEDURE MANUAL

Governing Body

The Legacy Club Community Respite Ministry is a program of the Outreach Ministry at Peachtree Christian Church in Atlanta, GA.

Purpose

The ministry is designed to meet the social and emotional needs of older adults and their caregivers. It provides activities and socialization opportunities outside the home in a safe and caring setting for older adults with mild to moderate memory loss and/or medical impairments. It provides their caregiver with emotional support through information regarding available resources and personal time away during the day in which to rest and address their own needs.

Services Offered

For the Older Adult Participant:

The ministry provides a safe, loving environment for the well-being of each participant. A variety of activities includes, but is not limited to, social, creative, intellectual, spiritual, and recreational programming. All activities are designed to provide mental stimulation and social participation. Examples of activities include group singing, gardening, crafts, community services, reminiscing, exercise, adapted floor games, intergenerational programs, art therapy, pet therapy, and socialization activities.

For the Caregiver:

This ministry provides respite (an interval of rest or relief) for the caregiver. It supports the efforts of the family to keep the loved one in the home environment, which will contribute to the quality of life of the participant

as well as the family. It also provides information regarding available community resources, nursing home options, Alzheimer information, etc.

Discharge/Termination Procedure

When graduation from the program is deemed necessary, it will be discussed with the family member(s) in order to give as much advance notice as possible. A discharge date will be determined and coordinated with the care partner. The decision of discharge is left to the Director of Respite Ministry. If needed, the Legacy Respite staff will discuss transition options with the participant's family and give as many resources as possible.

Staffing

A director and lead volunteer will staff the program. In the director's absence, the lead volunteer will be in charge of the operation and activities of Peachtree Christian Church Respite Care Ministry. Trained volunteers provide additional staffing and are assigned participants with whom they will socialize during the day. The ratio of volunteers to participants may vary from 2-4 participants to one volunteer, depending upon individuals. Each program day will be considered "full" when it numbers 20.

Communication

It is of great importance that lines of communication between caregiver and the program director remain open. If the family of the participant has concerns, observations, and/or suggestions they would like to discuss, they are always encouraged to do so. This can be best accomplished by scheduling an appointment with the director.

Medication/Health/Injury

Participants needing to take medication(s) during the program hours must be able to take it/them independently. Participants must keep the medications with them during the day, as we are **unable** to store or administer medications. Family members must take full responsibility for medication administration.

No one on staff is a medical professional. If a participant shows signs of illness or infectious disease, the director will contact the participant's caregiver, advising him/her to pick up the participant. Please keep participant home if temperature is above normal.

Sickness and accidents resulting in physical injury or suspected physical injury will be reported to the director who will arrange for appropriate medical attention to be obtained. The caregiver of the participant will be immediately notified or emergency actions will be taken. If it is deemed necessary, transportation to the hospital will be obtained by calling 911. An accident report will be filed with the signature of the caregiver.

Paid Attendants

Participants may choose to have their personal paid attendants with them during the program hours. Paid assistants will provide necessary aid to their own client, but will be expected to assist their client in participating in the activities as scheduled. They will also be responsible for payment of their meals.

Attendance Policy

Attendance is expected on the day your loved one is enrolled.

Respite Care is in high demand. Many families are in need, and Legacy Club Respite Ministry may have a waiting list, because of this we expect your loved one to be in attendance at Legacy Respite on their assigned day. Food and supplies are purchased and prepared, volunteers are scheduled according to the number of participants we will have each day, so please make it a priority to communicate with us regarding all attendance issues (medical appointments, illness, trips and vacations, family events etc). We will announce all closures due to weather with as much advance notice as possible.

No-Shows: Participants who do not show up for their Legacy Respite day will be invoiced for that day.

Please TEXT US if there is an emergency or “morning of” notice

Katie Cell: 404-713-6426

Karen Cell: 404-713-6425

~Please keep this sheet for reference~

HEALTH DISCLOSURE AND AUTHORIZATION

I, _____ agree to the following regarding the enrollment process for the **Respite Ministry**:

1. The Director has explained the admission and enrollment conditions so that I, _____ understand them.
2. I agree to inform the **Respite Ministry** staff of any changes pertaining to the participant, including health, mental, and physical status.
3. I agree to arrange or be available for prompt pick-up if my family member or loved one should become ill or disruptive.
4. I agree to keep my family member or loved one out of the **Respite Ministry** if he or she has fever or ANY other contagious illness.
5. I agree that the participant is up-to-date on the COVID vaccine and booster shot.
6. If my loved one or I/Caregiver exhibit(s) symptoms of or am diagnosed with COVID-19 I will notify The Legacy Club Respite staff immediately to determine next steps.
7. If my loved one or I/Caregiver is exposed or come into contact with someone who tests positive for COVID-19, I will notify Legacy Club Respite staff at PCC immediately to determine next steps.
8. I agree to participate in requested family meetings when requested by the **Respite Ministry** staff.
9. I agree to notify the **Respite Ministry** staff if my family member or loved one will be absent from the program.
10. I agree billing procedures will involve statements being sent to the Caregivers at the end of each month. Payment is due within 10 days of receipt of the bill. Checks should be made to Peachtree Christian Church. Please note in the memo line, "respite ministry for...".

Participant's Name

Caregiver's Signature

Date

COVID VACCINATION Information:

Date and Brand of First Vaccine: _____

Date and Brand of Booster (or second booster):

Please initial to indicate agreement:

____ I understand that I/Caregiver will need to provide a copy of vaccine verification for my loved one

RELEASE OF LIABILITY

In consideration of _____ (hereinafter "Participant") being allowed to participate in the programs, services, activities, and facilities of the Respite Ministry at The Legacy Club: Community Respite at Peachtree Christian Church (hereinafter "Respite"), I, _____, as personal representative, legal guardian, next of kin, care giver, or as holding power of attorney for Participant, on behalf of Participant, his or her heirs and assigns and for myself and my heirs and assigns, do hereby unconditionally remise, release, and forever discharge and covenant not to sue Respite and/or Peachtree Christian Church (hereinafter "PCC") or any of their officers, agents, employees, and volunteers including its legal counsel and/or other participants (collectively, the "Releasees") from any and all actions, causes of actions, suits, debts, charges, complaints, claims, liabilities, obligations, promises, agreements, controversies, damages of all and any kind, of any nature whatsoever, in law or in equity, whether for death, personal injury, property damage or otherwise, (collectively, the "Claims"), arising or resulting from or in any way relating to my or Participant's participation in the programs, services, activities, and facilities of Respite or PCC, which I or the Participant or our heirs and assigns have, may have had, may hereafter have, or may be entitled to assert against each or any of the Releasees regardless of whether I or Participant knows, should have known or had reason to know of the Claims on the date hereof.

I, for myself and on behalf of Participant, our heirs and assigns, further agree to indemnify and hold harmless the Releasees from any and all Claims, or liability of any kind arising from our participation as aforesaid.

Date: _____

Participant Signature: _____

Personal/Legal Rep/Guardian Signature: _____

PHOTO & MEDIA RELEASE

I give permission and release for photographs to be made of my loved one engaging in Legacy Respite program activities. There will be no information that identifies whether he/she is a participant of volunteer of the program. These photos may be used for promotion of the Legacy Respite Ministry on the internet and in written publications. And may also be used for identification purposes.

Guardian Signature: _____

CONSENT FOR EMERGENCY MEDICAL CARE

As a participant in the Respite Ministry of Peachtree Christian Church, I hereby give permission to staff (paid and volunteers) to provide direct emergency care for minor emergencies or to access 911 emergency medical services as deemed necessary. I hereby give my full and unconditional approval for said staff to secure emergency medical care.

In cases of emergency, we will attempt to contact the participant's caregiver, but prompt medical attention will be obtained without delay. If family cannot be contacted, a PCC staff member or a respite volunteer will accompany the participant to the hospital and remain until family arrives.

Any resultant bill will be the responsibility of the participant and/or caregiver/ guardian. Said individual (s) will be responsible for filing and submitting all medical insurance claims.

In the event a medical situation is not an emergency, staff may request that a doctor see the participant. It is understood that the participant cannot return to the program without a report concerning the incident.

I will not hold any of the staff (paid or volunteer) of PCC responsible for any injury, which occurs to the named participant during the course of the program. I acknowledge that PCC cannot and does not assume responsibility

for the undesirable incidents or injuries should the participant leave the program site without permission.

Every reasonable effort will be made to ensure the safety of the participant.

Today's date: _____

Participant name: _____

Name of Legal Guardian: _____

Signature: _____

**LIABILITY RELEASE FORM TO PARTICIPATE IN RESPITE
ACTIVITIES AND TRIPS**

Release of All Claims

In consideration for being accepted by *Peachtree Christian Church* for participation in **Respite Field Trips and activities** for the calendar year 2023-2024 we, (I), being 21 years or older, due for release and forever discharge and agree to hold harmless *Peachtree Christian Church* and the director and volunteers, of any nature whatsoever which may be incurred by the undersigned and the adult-participant that occur while said adult is participating in the above-described trip or activity.

I (We) hereby agree as follows:

1. I assume full and financial responsibility for my loved one's participation in the activity.
2. I grant the Church, its employees, clergy, agents, and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in the field trip/activity including authorizing medical treatment on my behalf and at my expense and returning me home at my own expense for medical treatment or in case of an emergency.
3. Accident and health insurance are recommended for my participation in this field trip/activity. I understand that Peachtree Christian Church encourages me to have appropriate insurance coverage for the entire time of the field trip/activity.
4. I shall conform to all applicable policies, rules, regulations, and standards of conduct as established by the Church to ensure the best interest, comfort, and welfare of the trip.
5. I voluntarily indemnify and hold harmless the Church, Board, Employees, and volunteers, their respective officers, and agents from any and all liability, loss personal injury, sickness or death, as well as property damages, costs, or expenses, of any natures (including attorney's fees) whatsoever arising out of my participation in the field trip/activity and which do not arise out of the negligent acts or omission of a scope of their employment or duties for the Church.
6. I acknowledge that I have read this document and understand and accept its terms.

Legal Guardian Name _____

Legal Guardian's Signature _____ Date _____

Admission Criteria

To be considered for the Legacy Respite Ministry a participant must be able to:

- Ambulate on his/her own (assistive devices such as walkers or canes are acceptable)
- Eat without assistance
- Handle his/her own bathroom needs (adult absorptive briefs such as Depends are welcomed and the participant must be able to change on their own)
- Interact and engage with others (with encouragement and prompting) in a group setting

Hours, Days of Operation, Location

The Legacy Respite Ministry at Peachtree operates on Tuesdays from 10:00 am -2:00 pm. The program will be closed on all legal holidays, i.e., New Year's Day, Martin Luther King's Day, Fourth of July, Labor Day, Veteran's Day etc. We may close for 4th of July week and will always close for two weeks during Christmas holiday's. You will be given advance notice when upcoming days off are scheduled.

Drop Off and Pick Up Information

We begin DROP OFF at 10:00AM. Please remain in your car until the greeters are present to assist your loved one. NO EARLY DROP OFFS, Please!

PICK UP time is 2:00PM. Please remain in your car in the pickup line, and we will assist your loved one into your car.

Payment/Rates/Attendance

There is a daily fee of \$50.00 per day for participation in the program which is paid monthly. Statements are issued at the end of the month for the number of days the participant has attended the program. Payment is expected by the 10th of each month to ensure uninterrupted participation in the program. There is a one-time non-refundable registration fee of \$75 per participant.

There is no charge for days not attended; communication to the director or lead volunteer however, is vital to day-to-day planning. Limited scholarships are available for qualifying participants.

INVOICE INFORMATION (please send invoices to):

NAME:	EMAIL: