

CGHRS INTAKE ASSESSEMENT APPLICATION

Please provide the following information and answer the questions below. Please note information you provide here is protected as confidential information

Client name: _____ Date of Birth _____

First Middle Last

Address _____ City _____ State _____ Zip Code _____

Phone (#) _____ Gender: Male __ Female __ Marital Status _____

Email address _____

Emergency Contact

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Service Date And Time

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date						
AM/PM						
Total						

Emotional/Behavioral Information

How does the Client expresses like or dislike? _____

How does the client communicate? _____

What are the challenges with the Client? _____

Cara's Geriatric Home Recreational services

Consent Form

Cardiopulmonary Resuscitation (CPR) is used in an emergency if someone is not breathing normally or their heart has stopped.

These combinations of techniques are used:

Chest Compression

Rescues breathing (Mouth to mouth)

Do you consent to our employee at Cara's Geriatric Home Recreational Services whom are certified to perform the CPR?

Yes, I consent _____

No, I don't Consent _____

Client Signature: _____ Date _____

OR

Guardian Signature: _____ Date _____

If completing this application for client

Stimulating Recreational Activities

Please complete this form by placing a check next to the activities that interest you

Arts and Crafts

- Coloring Canvas
- Pillow making
- painting
- Indoor & Outdoor decorative signs

Game's

- Card game's
- Word search
- checkers puzzles
- Crossword puzzles
- Dominoes
- UNO

Outdoors activities

- Walking
- Potting flower's

Reading book's

- Fiction
- Bible
- Mystery
- Historical
- Horror
- Romance

Type of Music

- Gospel
- rock
- Pop
- Jazz
- Country
- Rhythm & blues
- Relaxation
- Classical
- Opera
- Dance
- Soul
- Funk
- House
- contemporary
- African

CANCELLATION/NO SHOW AGREEMENT

Cara's Geriatric Home Recreational Services strives to provide clients with the highest quality of care while attempting to accommodate your schedule for your convenience. Your consistent attendance is paramount for your recreational services.

Cancellations, especially last-minute ones, along with client no-show, hinder our ability to accommodate the scheduling needs of our other clients. Therefore, we must ask for your full cooperation with the following agreement:

. If you are unable to keep a scheduled appointment, we request that you notify us no less than 48 hours in advance so that your appointment can be rescheduled, and enable us to open that slot for someone else in need.

. If you have missed your scheduled appointment time, a Client Service Specialist will contact you to reschedule your services.

. All no-show and cancellations after 48 hrs fee is 35.00 will need to be paid before you will be able to reschedule for services.

We believe that this agreement is necessary for the benefit of our client's services as a whole so that we may continue to provide quality services convenient for all.

CGHRS appreciate the opportunity to be a part of your at home recreational activities.

Thank you for your anticipated cooperation and consideration for our staff and other clients.

Client Signature: _____ Date _____

OR

Guardian Signature: _____ Date _____

Welcome

Dear Sir or Madam

Thank you for choosing **Cara's Geriatric Home Recreational Services** for your Respite care.

We are committed to providing you with the best possible service, and to making our working relationship a success.

The information enclosed will help you make the most of our services.

Included in this welcome packet:

- . Business & cancellation policy
- . client intake form
- . CPR Consent
- . Photo/video consent
- . Circle of care form
- . Activates
- . Our Mission
- . Services request form

Please note that all forms will need to be completed, signed and dated.

Our contact information is (972) 327-0136, Email address respite@cghrservices.com

Mission

Cara's Geriatric Home Recreational Services vision is to be the most sought-after home recreational service through culturally, competent professionals, up to date technologies and mutual teamwork while providing a diversified caring and comfortable environment for each and every client. We are a nurturing community working shoulder to shoulder to give life back to family members and clients.

Core Values

COMPASSION

Our community has no room for judgement, we spread harmony and promote peace in any and all environments.

GROWTH

Learning and taking advantage of educational opportunities with and for our clients, accepting feedback in order to develop.

HONESTY

We believe in doing what is right even when no one is looking. (Henry Ford)

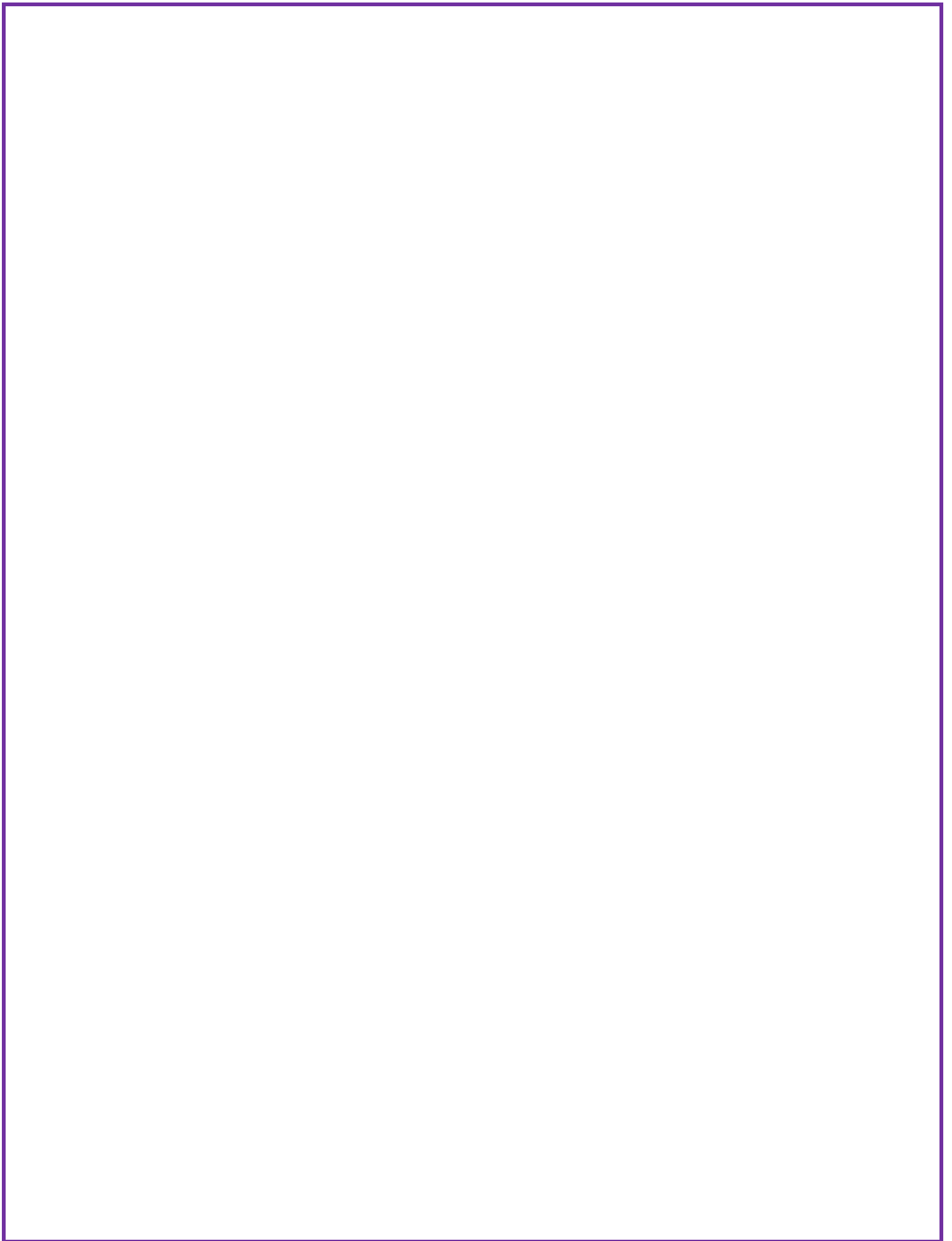
RESPECT

Pride ourselves in the value in our abilities and achievements and ensuring our clients as well as our team know that they are important.

SPIRITUALITY

Respecting all cultures and beliefs, while instilling faith in all that we do.

The road we travel in life is ordered by God, let him lead you. (Founder/CEO Cara Jefferson)



Services Request form

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Request form can be emailed: cghrservices@yahoo.com

