

## PARKINSON PARTNERS RESPITE CARE PROGRAM APPLICATION

The Parkinson's Respite Care Program will provide \$500 (approximately 20 hours), renewable annually in July. After receiving your application and determining your eligibility, it will be forwarded to our partner Bright Star Care of Erie who will staff the program. A representative from the agency will contact you to schedule a free in-home assessment. Transportation services are available, but if the agency caregiver has to utilize their own vehicle, there is an additional 55 cents per mile charge. The mileage fee will be covered by the \$500 grant, but will reduce the number of hours you receive.

**Please mail application to:**  
**Parkinson Partners of NW PA, Inc.**  
**PO Box 10547**  
**Erie, PA 16514**  
**814-899-3030**

### CLIENT/CAREGIVER INFORMATION

Client's Name		Phone	
Caregiver's Name		Phone	
Client Address			
City		State	Zip

### CLIENT PERSONAL DATA

Age	Number of Household Members	Pets
Neurologist's Name		Neurologist's Phone
Primary Language	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Primary Diagnosis _____		
What type of assistance do you require? <i>(Please check all that apply.)</i> <input type="checkbox"/> Standing <input type="checkbox"/> Walking <input type="checkbox"/> Eating <input type="checkbox"/> Toileting <input type="checkbox"/> Speaking <input type="checkbox"/> Other <i>(please specify)</i>		

### QUESTIONS FOR CAREGIVER

How will the Respite Care Program help you?

What are the client needs in the home?

What are your preferences for Respite Care? ☐ Weekday ☐ Weekend

I understand that the caregiver's purpose is to provide companion care. Caregivers are not to complete financial paperwork or conduct monetary transactions. I understand that services are provided in two-hour minimum increments. Furthermore, if additional services are desired over the approved \$500 grant amount, it will become my (client) sole financial responsibility.

Client Signature

Date