

American Parkinson Disease Association (APDA)
Northwest Chapter
Caregiver's Day Off Program Application

APDA Northwest sponsors the Caregiver's Day Off Program for patients and caregivers living with Parkinson Disease throughout King, Pierce, Snohomish, Skagit, and Island Counties. We contract with reputable and highly qualified companion and home care agencies to provide in-home respite care. Approved applicants will be awarded 20 hours of care per year.

We respect your privacy and will never share your personal information with third parties other than those indicated on this form. Please contact us at 206.695.2905 with any questions. You may return the completed application to APDA by email to apdanw@APDAParkinson.org, by fax to **206.455.8980**, or by mail to:

APDA Northwest
180 Nickerson St, Ste 108, Seattle WA 98109

Client and Caregiver Information

("Client" has Parkinson Disease diagnosis)

Client Full Name: _____

Caregiver Name: _____

Caregiver Relationship to Client: _____

Telephone: _____

Email: _____

Address: _____

City: _____ County: _____

State: _____ Zip Code: _____

Client Medical Information

Primary Physician: _____

Telephone: _____

Neurologist: _____

Telephone: _____

Date of Birth: _____ Year of Diagnosis: _____

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What type of assistance do you require? (Please check all that apply.)

Standing Walking Eating Using the Restroom Speaking Other

If you answered "Other" above, please indicate type of assistance required in the space below.

What is your primary language?

Caregiver's Day Off Program Terms and Conditions

Client Consent: I understand and agree that to participate in the Caregiver's Day Off Program the Northwest Chapter APDA may need to release my personal information to one or more of the Home Health/Home Care Agencies it contracts with to provide my services.

I understand that any additional hours over the approved amount or premium services will become my (the client's) sole responsibility.

Release of Liability: I understand that the Northwest Chapter APDA assumes no liability or obligation for delivery of Caregiver services or failure of services provided by the Home Health Care Agencies contracted with, whether direct or indirect.

Client Signature

Date

Provider/Physician

This Patient is currently under my care and has a diagnosis of Parkinson Disease.

Provider Signature

Date

I recommend this patient receive:

_____ Companion Care (Home Care Agency)

_____ Certified Nursing Assistant with Nursing Oversight (Home Health Agency)-***APDA is limited in the number we can provide in this area, so please only check if absolutely necessary.***

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Guidelines

The caregiver applying for the Caregiver's Day Off program must reside in the home of the client with Parkinson's disease and be the person responsible for providing continuous non-professional care.

The client with Parkinson's disease may not be receiving any other funded or subsidized care services, such as Medicaid or Veteran's Aid and Attendance.

A diagnosis of Parkinson's disease must be confirmed by the client's physician.

The respite care approval process may take 7-10 days from receipt of the application, and will be reviewed in the order received.

Once approved for the APDA Caregiver's Day Off Program, a referral will be made to the appropriate agency. The agency will then contact the client to arrange an initial assessment and provide services.

The Home Care/Home Health Agency and the client will be responsible for arranging services.

The care recipient must be willing to adhere to the agency's policies regarding care.

Any care received beyond the approved amount will be the responsibility of the client.

I have read and understand the above program guidelines.

Caregiver/Applicant Name

Caregiver/Applicant Signature

Date