**CAREGIVER, FAMILY MEMBER OR CLOSE FRIEND PERSON WHO HAS DEMENTIA**

***Contact Information***

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

Relationship to person who has dementia:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_ \_\_\_\_\_\_

Phone (day): \_\_\_\_\_ \_\_\_\_\_\_

Phone (evening): \_\_\_\_\_ \_\_\_\_\_\_

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

 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

***Useful Information for Choir Planning***

Use wheelchair: Yes\_\_ No\_\_ Yes\_\_ No\_\_

Use walker: Yes\_\_ No\_\_ Yes\_\_ No\_\_

Can climb stairs: Yes\_\_ No\_\_ Yes\_\_ No\_\_

Allergic or sensitive to wheat Yes\_\_ No\_\_ Yes\_\_ No\_\_

 If so, are you celiac? Yes\_\_ No\_\_ Yes\_\_ No\_\_

Have sung in a choir before Yes\_\_ No\_\_ Yes\_\_ No\_\_

 If yes, how many years? \_\_\_\_\_ \_\_\_\_\_

If known, do you sing soprano,

alto, tenor or bass? \_\_\_\_\_\_ \_\_\_\_\_

Can read music Yes\_\_ No\_\_ Yes\_\_ No\_\_

Can hold music in hands Yes\_\_ No\_\_ Yes\_\_ No\_\_

Would like words-only copy

rather than music Yes\_\_ No\_\_ Yes\_\_ No\_\_ (over)

Is there other information that you would like us to know? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you agree to pay $60 for the caregiver (or family member or close friend) and $60 for the person with dementia to pay for music? Yes\_\_

(At the first practice, please bring a cheque made out to Church of the Ascension, marked Joyful Sound Ottawa in the memo line).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of caregiver Date Signature of person with

(or family member or close friend) dementia (optional)

I agree that I will take responsibility for caring for the person who has dementia during the practice. Yes\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature of caregiver Date

(or family member or close friend)

Please e-mail the completed form to joyfulsottawa@gmail.com .