



LOCH LOMOND VILLA, INC. ESSENTIAL CARE PARTNER – APPLICATION

Please fill out the following and return to Loch Lomond Villa (**PLEASE PRINT**)

Resident Name:	House & Room Number
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Applicant Name:
Mailing Address (Street, City/Town, Postal Code):
Preferred Telephone Number for contact:
Email Address:
Power of Attorney Name:
Power of Attorney Signature:

Essential Care Partner Roles:

The following is a list of roles the Essential Care Partner may decide to take on. Please select the ones you would like to complete.

<p>PHYSICAL WELLBEING Personal Hygiene which includes the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Toileting <input type="checkbox"/> Bathing / Shower or Bed bath <input type="checkbox"/> Grooming: hair, teeth etc. <input type="checkbox"/> Dressing the resident <input type="checkbox"/> Mobility: walking resident on House <input type="checkbox"/> Meal Assisting <input type="checkbox"/> Other: _____ 	<p>MENTAL & SOCIAL WELLBEING Mental & Social Companionship which includes the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Engaging resident in one to one activity between caregiver and resident. <input type="checkbox"/> Engaging resident in activity programs offered on the House. <input type="checkbox"/> Walking/Wheeling residents around House and outside.
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Preferred Time Frames & Days of the Week

Please note that when choosing your preferred time, we will do our very best to accommodate your preferences. However, due to the resources available to maintain these schedules and the need to balance the requirements of all Essential Care Partners on each House, the scheduled time you receive will be fixed. Visits are limited to three (3) times per week. **Please choose a time frame: 9:00 a.m. to 6:30 p.m. Monday – Thursday or 9:30 am – 3:00 pm Fridays. Sundays 10:00 am – 6:30 pm. You may only visit once per day and visits may be up to a maximum of 3 hours in length. You must arrive at the scheduled time.**

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1 st Choice	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
2 nd Choice	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
3 rd Choice	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____