

house of welcome adult day services *specialized programs for people with memory loss*

Participant's Biography/Lifestyle

(this information helps us engage participants in conversation and helps in planning activities)

Application date:

Person completing application:	Relationship:
--------------------------------	---------------

Participant name:

Place of birth:	Birthdate:
-----------------	------------

Location of childhood home(s):

Location of adult home(s):

Name of and type of pets (current and past):

Currently daily routine:

Social History

Name of grade school:	Name of high school:
-----------------------	----------------------

Name of colleges/universities attended, and any degrees earned:

Person's religion and/or spiritual beliefs? Do they belong to a congregation?

Special family traditions, holidays and/or significant foods:

Work and Military Experience

Occupation and important jobs:

Any notable achievements or special accomplishments:

Retirement date:

Is the person a veteran (Y/N):	Service branch:	When did they serve:
Rank/responsibilities:		
How does the person feel about their military service?		
Interests, hobbies and social engagement		
Hobbies, activities, (former and present). Any special accomplishments:		
Is the person: Introverted Extroverted A mix of both	Comments:	
Favorite...		
Season:	Vacation destination:	
Sport or physical activity:	Sports team:	
Holiday:	Genre for books:	
Genre for movies:	Musical instrument:	
Music genre:	Musician:	
Food:	Restaurant:	
Snack:	Beverage:	
Family Information		
Name of spouse:	Living (Y/N): If yes, include town and state:	
Name of father:	Living (Y/N): If yes, include town and state:	
Name of mother:	Living (Y/N): If yes, include town and state:	
Name of sibling:	Living (Y/N): If yes, include town and state:	
Name of sibling:	Living (Y/N): If yes, include town and state:	
Name of sibling:	Living (Y/N): If yes, include town and state:	
Name of sibling:	Living (Y/N): If yes, include town and state:	
Name of sibling:	Living (Y/N): If yes, include town and state:	

Children's Names (if any)

Name

Where they live (city and state)

Grandchildren and Great Grandchildren

Please list names of grandchildren, if any:

Please list names of great grandchildren, if any:

Other Important Relationships

Please include other important relationships you'd like us to know about (extended family members, friends, neighbors, coworkers, caregivers, etc.):

Special Memories

Please share important memories about career, family, life events, travel, etc.: