



Participant and Caregiver Registration Form

Welcome to LIFE a Dementia Friendly Community Foundation

Date: _____

Name of Participant: _____ Gender: M or F

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Telephone Number: _____

Email Address: _____ Date of Birth: _____

Name of Caregiver: _____ Gender: M or F

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Telephone Number: _____

Email Address: _____ Date of Birth: _____

Caregiver: Which best describes you:

___ Spouse/Partner

___ Family member (Please identify relationship) _____

___ Friend

___ Paid Caregiver (Agency) _____

___ Other _____

How did you hear about LIFE? _____

Are you interested in a cognitive assessment that focuses on abilities? Yes or No

The Life Program is designed to provide Education and Engagement, by signing below you understand that you must remain on the property while the participant is in the building. _____ Initial

The Participant must be independent in feeding, toileting, and getting from one destination to another. Persons with violent tendencies will be dismissed from the program. _____ Initial.

Print Name: _____

Sign Name: _____