

# ANCHOR PARTICIPANT PACKET

We are so excited for your loved one to be joining our Anchor Community! Please know it is our intention to fill their days here with love, purpose, and fun!

Be sure to fill out the necessary forms included in this packet so that we have information needed to best care for your loved one while they are at Anchor.

Keep my information handy!

Gina McIntyre, Anchor Program Director

205.529.6353 (You may call or text).

[gina.mcintyre@asburybham.org](mailto:gina.mcintyre@asburybham.org)

Make sure to let me know if your loved one will not be attending on their regular day/days.

Be sure to connect with Anchor on Facebook to see how much fun we are having!

<https://www.facebook.com/AnchorCommunityRespite>

# ANCHOR

## Form Checklist

TO COMPLETE ENROLLMENT INTO ANCHOR COMMUNITY RESPITE, PLEASE:

- Review Enrollment Packet and complete all forms on the checklist below. All forms except Medical Enrollment Form may be completed online. To request online forms, please send an email to: [gmcintyre@asburyonline.org](mailto:gmcintyre@asburyonline.org)
- Submit completed forms with \$40 registration fee Checks should be made to **Asbury United Methodist**. Please note in the memo line, “Anchor Respite for (participant name)”.
- Submit copy of insurance card and identification for participant.
- Receive a copy of your signed forms from the Director. Retain for reference.
- Optional: If applicable, you may submit a copy of Living Will and/or DNR.

YOUR FORM CHECKLIST	COMPLETE
All About Me! Form	
New Participant Enrollment	
Policies and Procedures	
Medical Enrollment Form Note: Portion to be completed by physician or office representative	
Consent for Emergency Care	
Copy of Guest insurance card and identification	
History of Violence	
Photo, Media, Field Trip, & Driving Release Form (page 14)	
Liability Release	
COVID Release	
Enrollment Contract	
I have submitted a copy of identification for Guest	
I have submitted a Living Will and/or DNR (optional)	
I have received a copy of forms for my records.	

**ATTACH PICTURE HERE PLEASE!**

**ANCHOR All About Me!**

Help us get to know your loved one! Please tell us all about them and **also include a more recent picture** to help our volunteers get to know them as well!

Participant Name (Nickname): \_\_\_\_\_

Marital Status:  married (# of years \_\_\_\_\_)  widowed  divorced  single

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

Birthday: \_\_\_\_\_ Church affiliation (if applicable) \_\_\_\_\_

Children? Names?: \_\_\_\_\_

Grandchildren? Names?: \_\_\_\_\_

Siblings? Names? \_\_\_\_\_

Pets: \_\_\_\_\_

Military Service? If so, what division? \_\_\_\_\_

Previous Profession: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

Favorite Music Genre/Songs: \_\_\_\_\_

Favorite Food: \_\_\_\_\_ Favorite Dessert: \_\_\_\_\_

Favorite Holiday(s): \_\_\_\_\_ Favorite Sport to watch/play: \_\_\_\_\_

Do you prefer to be hot or cold? \_\_\_\_\_ What is your dominant side? \_\_\_\_\_

Favorite Scent: \_\_\_\_\_ Favorite Color: \_\_\_\_\_

Do you prefer the room to be dark or light? \_\_\_\_\_ Do you prefer sour or sweet? \_\_\_\_\_

Do you like for people to be close to you or keep their distance? \_\_\_\_\_

What do they like to touch? Soft or rough? \_\_\_\_\_

Are there some stories you like to tell? \_\_\_\_\_

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

Is there anything else you would like to share with us? (i.e. likes, dislikes, proud moments/memories or a unique fact? \_\_\_\_\_

### Other Info

Please describe level and method of mobility and the specific ways participant may need assistance: \_\_\_\_\_

Please describe level of independence in eating and the specific ways participant may need assistance: \_\_\_\_\_

Please describe level of independence in toileting and the specific ways participant may need assistance: \_\_\_\_\_

Please describe how participant functions in a group and specific ways he/she may need assistance: \_\_\_\_\_

How does participant display agitation, stress, or intense emotion? \_\_\_\_\_

What are triggers for agitation, stress, or intense emotion? \_\_\_\_\_

What specific and proactive steps or responses can AnchorRespite staff carry out to prevent, stop, or reduce agitation, stress, or intense emotion? \_\_\_\_\_

### Emergency Contact Information

While your loved one is at Anchor, we must be able to reach you if necessary. Please ensure the information provided is accurate and you update us if there are changes.

List TWO people (in addition to Care Partner) who can be reached in an emergency:

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Participant's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

# ANCHOR

## New Participant Enrollment Form

Participant Name: \_\_\_\_\_ Birthdate (MM/DD/YYYY): \_\_\_\_\_

Care Partner Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Which day(s) will participant attend Anchor Respite? Circle one or both or all: TUES WED THURS

Guest Marital Status:  married (# years\_\_\_\_)  widowed  divorced  single

Care Partner's Phone(s) – Please include all possible numbers (home, cell, work, alternate, etc.)

\_\_\_\_\_

Care Partner's Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Care Partner's Email Address: \_\_\_\_\_

### Emergency Contact Information

While your loved one is at Anchor, we must be able to reach you if necessary. Please ensure the information provided is accurate and you update us if there are changes.

List TWO people (in addition to Care Partner) who can be reached in an emergency:

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Participant's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

### Billing

Send invoice for Anchor Community Respite to:

\_\_\_\_\_ Care Partner at the address listed above

\_\_\_\_\_ Different person and/or address than above (fill out billing address below)

Billing Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Email: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you find out about Anchor? \_\_\_\_\_

# ANCHOR COMMUNITY RESPITE

## Policies and Procedures

### General Information

#### Governing Body

Anchor Community Respite Ministry is a ministry under the headship of the Congregational Care Ministry of Asbury United Methodist Church of Birmingham, Alabama.

#### Purpose

Anchor Community Respite is designed to meet the social, emotional, physical and spiritual needs of adults with memory loss disease and their care partners. It provides activities and socialization opportunities outside the home in a safe and caring setting for older adults with mild to moderate memory loss and/or medical impairments. It provides their care partners with emotional support through a care partner support group, information regarding available resources, and personal time away during the day in which to rest and address their own needs.

#### Services Offered

- For the Adult Participant

The ministry provides a safe, loving environment for the well-being of each participant. variety of activities includes, but is not limited to, social, creative, intellectual, spiritual, and recreational programming. All activities are designed to provide mental stimulation and social participation. Examples of activities include group singing, crafts, community services, reminiscing, exercise, adapted floor games, intergenerational programs, art therapy, pet therapy, and socialization activities.

- For the Care Partner

This ministry provides respite (an interval of rest or relief) for the care partner. It supports the efforts of the family to keep the loved one in the home environment, which will contribute to the quality of life of the participant as well as the family. This ministry offers a bi-monthly support group once a month for the community. It also provides information regarding available community resources, nursing home options, Alzheimer's information, etc.

## Hours and Attendance Policy

### Hours

- Anchor Community Respite Ministry operates on Tuesdays, Wednesdays, and Thursdays from 10AM-2:00PM. The program will be closed on all legal holidays, i.e., New Year's Day, Martin Luther King's Day, Fourth of July, etc. as well as some dates surrounding holidays. Advanced notification of closing will be communicated to participants and caregivers. If the church and local school systems are closed for weather, we will also be closed.
- Please be respectful of Anchor Respite start time which is at 10:00AM.  
PLEASE, NO EARLY DROP-OFFS. Do not come into the Anchor space until 10:00AM.
- Pick up time is 2:00PM at the semi-circle in the lower lot.  
PLEASE, NO LATE PICK-UPS.

### Attendance Policy

Participants are expected to attend the program as scheduled. Respite care is in high demand and many families are in need. As a result, we expect your loved one to attend Anchor on their assigned day. Food and supplies are purchased and prepared, and volunteers are scheduled according to the number of participants we will have each day, so please make it a priority to communicate with us regarding all attendance issues.

**In ANY event of absence, call the Asbury United  
Methodist Church main office: (205) 995-1700**

- Caregivers are asked to notify the director by calling the main Asbury line and leaving a message or by text, email, or in person by 9:00am if the participant will not be in attendance that day. Non-attendance affects both staffing and meal ordering. A \$40 fee will be charged on the day a participant is scheduled to attend but does not attend and does not notify the director by 9:00am of their absence.
- Medical Appointments: Please try to schedule appointments on other days from Anchor days if possible. When that is not possible, 48-hour notice for an upcoming absence due to a medical appointment is required.
- Illness: If your loved one is sick on the morning of their Anchor day, please call the number above to let us know. If he or she is ill prior to their scheduled day(s) and you know they will not be able to attend on their upcoming day(s), please let us know as soon as possible. Guests must be fever-free for 24 hours before returning to Anchor after an illness.
- Late Arrivals: If arriving late, do not drop off your loved one at the door. You will need to walk him or her into Anchor Respite upon arrival.
- Trips /Vacations/Family Events: Please give us a minimum of 48 hours notice that your loved one will be out and how many Anchor days he or she will be absent.
- Weather: Anchor staff will contact families by email or text with weather-related information when necessary. Anchor will adhere to Shelby County Schools weather closings and delays.

If Anchor is going to be canceled due to weather, we will contact all participants for that day by phone and/or email. If there is not an active weather warning on your scheduled morning of Anchor, we expect your loved one to be in attendance for the day. If a weather situation arises during a scheduled Anchor day and there is time for participants to be picked up, you will be notified by phone and/or email. If there is not time, we will follow precautions and move to a safe place within the church.

- No-Shows: Participants who do not show up for their scheduled Anchor day(s) and do not communicate with the director about the absence by 9:00AM will be invoiced for that day.

## **Admission and Discharge**

### **Admission Criteria**

Participation in the program will be based on the applicant's ability to participate in the program and the initial interview with the director. Taken into consideration when evaluating whether an applicant is capable of participating in the program are the following:

- Medical stability - a participant may be frail and have physical problems but must be medically stable.
- Ability to ambulate independently with or without assistive devices without potential danger to self or others
- Ability to perform basic daily living activities independently
- Ability to interact and socialize with other
- Ability to exhibit acceptable behavior in a group



## Admission Procedure

A telephone interview will be conducted by the director. If potential participant meets criteria, an invitation to visit the program with the participant and caregiver attending. An application will be given to the caregiver to be returned to the director. The admission application is processed with a \$40 registration fee and participants are added to the roster and enrolled in Anchor.

## Possible Exclusions from Admission and Reasons

The following may be examples for excluding an applicant or releasing a current participant from Anchor Community Respite:

- Unmanaged incontinence
- Disruptive or combative behavior
- Psychosis
- Communicable disease
- Need for one-on-one continual supervision

### ➤ Transition and Discharge

Transition and discharge plans are made when another level of care is needed by the participant and/or they no longer meet the requirements listed under admission. A change in the participant's status can occur suddenly requiring immediate action or can develop over an unspecified period of time which would allow staff to give advance notice to the care partner. In either case, Anchor Respite staff will offer open communication, and make every effort to suggest options for care for your loved one going forward. Anchor Respite must ensure that only participants whose needs can be met by our program and staff are admitted to and retained in the program.

### ➤ Discharge Procedure

Consideration of discharge from the program will be discussed with the family member(s) before final decision of termination is made in order to give as much advance notice as is reasonably possible. The decision of discharge is left to the director of Anchor Respite and Congregational Care staff of Asbury United Methodist.

## Payment/Rates

A one-time registration fee of \$40 is due upon enrollment. The daily participation fee is \$40 per day. Scholarships are available for qualifying participants. Statements are issued via email at the end of the month for the number of days the participant has attended the program. Payment is

expected by the 15th of each month in order to ensure uninterrupted participation in the program. Checks should be made to **Asbury United Methodist**. Please note in the memo line, “Anchor Respite for (participant name)”.

## **Staffing**

A director will staff the program with the assistance of the Congregational Care Director. In the director’s absence, a trained substitute director will be in charge of the operation and activities of Anchor Community Respite Ministry. Trained volunteers provide additional staffing and are assigned participants with whom they will socialize during the day. The ratio of volunteers to participants may vary from 2-4 participants to one volunteer, depending upon individuals. Each program day will be considered “full” when it numbers 20 participants.

## **Communication**

It is of great importance that lines of communication between caregivers and the program director remain open. If the family of the participant has concerns, observations, and/or suggestions they would like to discuss, they are always encouraged to do so. This can be best accomplished by scheduling an appointment with the director.

Be sure to follow Anchor on Facebook to see the fun that occurs each day!

<https://www.facebook.com/AnchorCommunityRespite>

## **Medication/Health/Injury**

Participants needing to take medication(s) during the program hours must be able to take it/them independently. Participants must keep the medications with them during the day, as we are unable to store medications. Program staff will remind a participant to take his/her medication; however, they are unable to administer any medications. Family members must take full responsibility for medication administration.

No one on staff is a medical professional. If a participant shows signs of illness or infectious disease, the director will contact the participant’s caregiver, advising him/her to pick up the participant. Please keep participant home if temperature is above normal.

Sickness and accidents resulting in physical injury or suspected physical injury will be reported to the director who will arrange for appropriate medical attention to be obtained. The caregiver of the participant will be immediately notified or emergency actions will be taken. If it is deemed necessary, transportation to the hospital will be obtained by calling 911. An accident report will be filed with the signature of the caregiver.

## **Paid Attendants**

Participants may choose to have their personal paid attendants with them during the program hours. Paid assistants will provide necessary aid to their own client, but will be expected to assist their client in participating in the activities as scheduled. They will also be responsible for payment of their meals.

I have read, understand, and agree to the Policies and Procedures of Anchor Community Respite Ministry:

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

# ANCHOR COMMUNITY RESPITE/Medical Enrollment Form

Participant Name (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

NOTE: A copy of your insurance card will be requested.

Name on Policy: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

## THIS PORTION TO BE COMPLETED BY PHYSICIAN or OFFICE REPRESENTATIVE

The above named person has applied for enrollment or is currently enrolled at Anchor Community Respite Ministry Program at Asbury United Methodist Church. Your careful completion of this form will help to ensure that the applicant is provided appropriate care and services, encourage safe participation in program activities, and provide a current medical history in the event of an emergency. Any information reported on this form is considered confidential and will be released only with the care partner's/applicant's written permission.

***Please indicate if the applicant has any of the following diseases or conditions, and if special attention or restrictions to normal activities apply. Attach additional pages as necessary.***

Current Disease/ Chronic Condition	Yes	Special Attention Required	Restriction on Activities
Dementia (type)			
Anemia			
Arthritis			
Asthma			
Cerebral Palsy			
Diabetes			
Effects of Stroke/Paralysis			
Emphysema/Bronchitis			
Epilepsy/Seizures/Fainting Spells			
Gastrointestinal Problems			
Heart Trouble			
Autoimmune (please specify)			
High Blood Pressure			

Kidney/Urinary Tract Problems			
Parkinson's Disease			
Skin Disorders			
Tuberculosis			

Other diseases or medical conditions not previously mentioned: \_\_\_\_\_

Allergies (food, medicine, animals, environmental, other: \_\_\_\_\_

Currently receiving medical treatment?  NO  YES If yes, please explain:

Any known psychiatric problems?  NO  YES If yes, please comment on nature, severity, and treatment required: \_\_\_\_\_

Are there any medical restrictions on physical activities such as mild exercise, etc.?  NO  YES If yes, please explain: \_\_\_\_\_

Special diet required?  NO  YES If yes, please explain: \_\_\_\_\_

Additional Comments (add additional pages if needed): \_\_\_\_\_

**Please list the applicant's current medications including dosage and frequency (attach additional pages as needed):**

Medication	Dosage	Frequency

**MEDICAL INFORMATION COMPLETED BY (PRINT):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**OFFICE NAME:** \_\_\_\_\_

## **ANCHOR COMMUNITY RESPITE Consent for Emergency Medical Care**

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

- As a participant in Anchor Community Respite Ministry of Asbury United Methodist Church of Birmingham, I hereby give permission to staff (paid and volunteers) to provide direct emergency care for minor emergencies or to access 911 emergency medical services as deemed necessary. I hereby give my full and unconditional approval for said staff to secure emergency medical care.
- Any resultant bill will be the responsibility of the participant and/or caregiver/guardian. Said individual(s) will be responsible for filing and all medical insurance claims.
- In the event a medical situation is not an emergency, staff may request that a doctor see the participant. It is understood that the participant cannot return to the program without a report concerning the incident.
- I will not hold any of the staff (paid or volunteer) of Anchor Community Respite Ministry responsible for any injury, which occurs to the named participant during the course of the

program. I acknowledge that Anchor cannot and does not assume responsibility for the undesirable incidents or injuries should the participants leave the program site without permission.

- Every reasonable effort will be made to ensure the safety of the participant.

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Participant's Physician Name and Number: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

# ANCHOR COMMUNITY RESPITE

## History of Violence

I, \_\_\_\_\_, as personal representative, legal guardian, next of kin, caregiver, or as holding power of attorney for Participant hereby represent that to the best of my knowledge, information and belief, that \_\_\_\_\_, (hereafter “Participant”), has had no history of violence to himself or other people, except as noted below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

In the event that Participant does exhibit violent behavior toward himself or others, I agree to promptly notify the directors of Anchor Community Respite at Asbury United Methodist Church (hereinafter “Anchor”), of this behavior and to discuss the appropriateness of Participant’s continued participation in the programs, services, activities, and facilities of Anchor. I understand that the decision on whether Participant will continue to participate at Anchor is solely that of the directors.

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_



# ANCHOR COMMUNITY RESPITE

## Photo, Media, Field Trip, & Driving Release Form

- The above-mentioned named participant gives permission and release for **Photographs** to be made of him/her while engaging in program activities. These photos may be used for publicity/promotion, print or media, of the Anchor Community Respite Ministry at Asbury United Methodist Church and also for identification purposes.
  
- The above participant gives permission and release to participate in **Field Trips and Outings** by the Anchor Community Respite Program. Every effort will be made to insure the safety of the participant. Accident and health insurance are recommended for my participation in this field trip/activity. I conform to all applicable policies, rules, regulations, and standards of conduct as established by the Church to ensure the best interest, comfort, and welfare of the participant on the field trip. I voluntarily indemnify and hold harmless the Church, Board, Employees, and volunteers, their respective officers, and agents from any and all liability, loss personal injury, sickness or death, as well as property damages, costs, or expenses, of any nature (including attorney's fees) whatsoever arising out of my participation in the field trip/activity and which do not arise out of the negligent acts or omission of a scope of their employment or duties for the Church.
  
- Due to general safety concerns and specific caution for CASA (Asbury United Methodist's Mother's Day Out Program), I will not allow my loved one to drive to from Anchor Community Respite, thereby releasing Anchor Community Respite and Asbury United Methodist Church from all liability with regard to any and all driving occurrences related to his/her safety and the safety of others.

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

# ANCHOR COMMUNITY RESPITE

## Release of Liability

In consideration of \_\_\_\_\_ (hereinafter "Participant") being allowed to participate in the programs, services, activities, and facilities of the Anchor Community Respite Ministry at Asbury United Methodist Church Birmingham (hereinafter "Anchor"), I, \_\_\_\_\_, as personal representative, legal guardian, next of kin, caregiver, or as holding power of attorney for Participant, on behalf of Participant, his or her heirs and assigns and for myself and my heirs and assigns, do hereby unconditionally remise, release, and forever discharge and covenant not to sue Anchor and/or Asbury United Methodist Church Birmingham (hereinafter "AUMC") or any of their officers, agents, employees, and volunteers including its legal counsel and/or other participants (collectively, the "Releasees") from any and all actions, causes of actions, suits, debts, charges, complaints, claims, liabilities, obligations, promises, agreements, controversies, damages of all and any kind, of any nature whatsoever, in law or in equity, whether for death, personal injury, property damage or otherwise, (collectively, the "Claims"), arising or resulting from or in any way relating to my or Participant's participation in the programs, services, activities, and facilities of Anchor or AUMC, which I or the Participant or our heirs and assigns have, may have had, may hereafter have, or may be entitled to assert against each or any of the Releasees regardless of whether I or Participant knows, should have known or had reason to know of the Claims on the date hereof.

I, for myself and on behalf of Participant, our heirs and assigns, further agree to indemnify and hold harmless the Releasees from any and all Claims, or liability of any kind arising from our participation as aforesaid.

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

# ANCHOR COMMUNITY RESPITE Enrollment Contract

I, \_\_\_\_\_, agree to the following regarding the enrollment process for participation in **Anchor Community Respite Ministry** (hereinafter “Anchor Respite”):

1. The Director has explained the admission and enrollment conditions so that I, \_\_\_\_\_ understand them.
2. I agree to inform the **Anchor Respite** staff of any changes pertaining to the participant, including health, mental, and physical status.
3. I agree to arrange or be available for prompt pick-up if my family member or loved one should become ill or disruptive.
4. I agree to keep my family member or loved one out of the **Anchor Respite** if he or she has a fever, the flu, or other contagious illness.
5. I agree to participate in requested family meetings when requested by the **Anchor Respite** staff.
6. I agree to notify the **Anchor Respite** staff if my family member or loved one will be absent from the program.
7. I agree billing procedures will involve statements being sent to the care partner/guardian at the end of each month. Payment is due within 15 days of receipt of the bill. Checks should be made to **Asbury United Methodist**. Please note in the memo line, “Anchor Respite for (participant name)”.

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_