



Caregiver Companions



Care Partner Application

Name: _____

Date of birth: _____ Gender: _____

Address _____

Phone Number(s): _____

Email Address: _____

How do you prefer to be contacted? (Circle one) Phone Email

Are you currently caring for a loved one living with dementia? Yes No

Who are you caring for? Name: _____ Relationship: _____

What is your loved one's diagnosis? _____

How long have you and your loved one been on the dementia journey? _____

Do you consider yourself the primary caregiver for your loved one? _____

Does your loved one reside with you, or elsewhere? _____

Please circle the option that best describes your current employment status:

Retired Employed Full-time or Part-time Student Leave of absence due to caregiving duties

Briefly tell us why you are interested in having a companion

How much time per week would you like to spend (in person, virtually, or by phone) with your companion? _____

Are you willing to submit to a background check? Yes No