

**HELPLINE: 646-744-2900**  
**EMAIL: [Helpline@CKNYC.org](mailto:Helpline@CKNYC.org)**  
**FAX: 212-697-6158**

Date: \_\_\_\_\_

**PERSON WITH MCI/DEMENTIA:** \_\_\_\_\_  
(Please **PRINT** first and last name)

**Gender:**  F  M Prefer to self-describe: \_\_\_\_\_ **Pronouns:**  She/Her  He/Him  They/Them **DOB:** \_\_\_\_\_

**Cognitive Status: MOCA:** \_\_\_\_\_ **MMSE:** \_\_\_\_\_ **SLUMS:** \_\_\_\_\_ **Other Testing:** \_\_\_\_\_

**Diagnosis:**  Mild Cognitive Impairment  Alzheimer's Disease  Lewy Body dementia  Vascular dementia  
 Mixed dementia  Frontotemporal Degeneration  Other: \_\_\_\_\_ **Date of Diagnosis:** \_\_\_\_\_

**Preferred Language:**  English  Spanish  Chinese  Other: \_\_\_\_\_ **Second Language:** \_\_\_\_\_

**Living Situation:**  Lives alone  Lives w/caregiving partner/spouse  Lives w/other caregiver  Lives w/other non-caregiver

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **Borough/Town:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**CARE/SUPPORT PARTNER:** \_\_\_\_\_  
(Please **PRINT** first and last name)

**Preferred Language:**  English  Spanish  Chinese  Other: \_\_\_\_\_ **Second Language:** \_\_\_\_\_

**Relationship:**  Spouse/Partner  Daughter/Son  Sister/Brother  Grandchild  Other: \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **Borough/Town:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Best Person to Contact:**  Person w/MCI/Dementia  Care/Support Partner. **Preferred Method of Contact:**  Phone  Email

*I give permission to CaringKind and the service provider below to exchange contact and health information for the person with MCI/dementia and/or care/support partner named above in order to provide dementia education, information and support related to the coordination of care. I understand that a CaringKind Specialist will contact me about services and programs that are available. I understand the contact and health information provided will not be disclosed or shared with any other entity unless authorization from the listed parties is obtained. I understand this permission can be revoked at any time by contacting CaringKind and/or the referring provider named below. **Person referred provided verbal consent instead of a signature**  **Yes***

**Signature (To be signed by the person to be contacted):** \_\_\_\_\_

**TO BE COMPLETED BY REFERRING PROVIDER:**

**Referring Person/Agency:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Specific Needs/Concerns:** \_\_\_\_\_

**Recommended Programs and Services (check category and/or specific service/program):**

<input type="checkbox"/> <b>MCI/Dementia Client Services &amp; Programs</b>	<input type="checkbox"/> <b>Family Care/Support Partner Education</b>	<input type="checkbox"/> <b>Support Groups, Social Work, Counseling</b>
<input type="checkbox"/> Early-Stage Programs <input type="checkbox"/> Cognitive Stimulation Therapy Class <input type="checkbox"/> SHARE – Self-Directed Care Planning <input type="checkbox"/> Connect2Culture <input type="checkbox"/> Wanderer Safety Program <input type="checkbox"/> MAP Volunteer Matching Program*	<input type="checkbox"/> Understanding Dementia <input type="checkbox"/> Family/Support Partner Education Workshops <input type="checkbox"/> Legal & Financial Seminars <input type="checkbox"/> MAP Volunteer Matching Program*	<input type="checkbox"/> General Information & Referral <input type="checkbox"/> REACH-II, (Evidence-Based Family Caregiver Intervention) <input type="checkbox"/> CK Connects Meeting - Care Consultation

### MCI/Dementia Client Services & Programs

**Cognitive Stimulation Therapy Class (CST):** An evidence-based intervention for people with mild to moderate dementia, developed in the U.K. and now widely used around the world. A 7-week, 14 session small group virtual or in-person meeting offers engagement and discussion on specific themes and draws on reality orientation, reminiscence therapy, validation therapy and multisensory stimulation.

**SHARE – Self-Directed Care Planning:** An evidence-based care planning and counseling intervention from the Benjamin Rose Institute for persons living with early-stage dementia and their family/designated caregivers. Participants work with a CaringKind specialists over 5 sessions to identify core values and preferences for care, and engage sources of support, (i.e., family, friends, and service providers). This unique program is designed to help families build a balanced and realistic plan of care for the future.

**Connect2Culture®:** Programs designed to create and promote engaging opportunities for people living with dementia together with their caregivers to stimulate conversation, memories, and connections through shared cultural experiences.

**MedicAlert® New York City Wanderer's Safety Program:** A 24-hour nationwide emergency response service providing assistance for finding persons diagnosed with Alzheimer's disease or related dementia who wander locally or far from home or have a medical emergency.

**MAP Volunteer Matching Program\*:** A pilot support program pairing newly diagnosed individuals and their support partner to a mentor — a trained volunteer, who has prior experience caring for someone living with dementia. \*Referrals taken from designated providers for pilot program. If interested, contact [mhenne@cknyc.org](mailto:mhenne@cknyc.org)

### Family Care/Support Partner Education

**Understanding Dementia Seminars:** Provides family members and friends information about Alzheimer's disease and other dementias, discusses the different stages of the disease and what to expect as the disease progresses.

**Family/Support Partner Education Workshops:** A four-part interactive workshop that focuses on a person-centered care approaches and is conducted in a supportive and nonjudgmental environment.

**Legal & Financial Seminars:** Acquaints families affected by Alzheimer's disease and related dementias with legal and financial issues associated with planning for the long-term care of their relative. An attorney specializing in Elder Law will discuss important topics family members should understand before meeting with their personal attorney.

**MAP Volunteer Matching Program\*:** A pilot support program pairing newly diagnosed individuals and their support partner to a mentor — a trained volunteer, who has prior experience caring for someone living with dementia. \*Referrals taken from designated providers for pilot program. If interested, contact [mhenne@cknyc.org](mailto:mhenne@cknyc.org)

### Support Groups, Social Work, Counseling

**General Information & Referral:** Dementia Care Specialists provide an overview of our programs and services and referrals to community-based providers, as needed.

**REACH-TX (REACH-II Adaptation):** An evidence-based program for family caregivers to learn new skills for managing stress, challenging behaviors, supporting health and well-being.

**CaringKind Connects Meeting - Care Consultation:** Dementia Care Specialists provide basic needs assessment and care consultations to help caregivers cope with present challenges and future planning.