



## “Dynamic Duo” Community Visitor Form

Amy’s Place Dynamic Duos is a welcoming drop-in space designed for individuals living with dementia and their care partners—referred to as Dynamic Duos or Trios—along with community members seeking connection, conversation, and resources. Visitors can enjoy a cup of coffee, engage socially, and access guidance from staff and trained volunteers, who offer a supportive presence and help connect guests to Dementia Support NW (DSNW) programs or external services. This space is open to those who are not enrolled in formal programs, **provided that at least one caregiver remains on site to support their loved one with dementia.**

Dynamic Duos must complete the intake process upon their first visit, **then may return any time during hours of operation to enjoy the facilities at Amy’s Place.**

### House Rules:

1. **Be present:** Dynamic Duos must stay together. Care partners are required to remain with the person they are supporting at all times during their visit to Amy’s Place, unless enrolled in a scheduled respite program.
2. **Be kind:** everyone is facing their own challenges; be gentle, listen, and treat others with compassion.
3. **Be respectful:** everyone here matters. Avoid correcting or arguing; instead, try to meet people where they are.
4. **Be patient:** there’s no reason to rush here. It may take time to find the right words, to remember a face, or finish a task.
5. **Be calm:** let’s make this a peaceful environment where everyone can feel safe. Approach people slowly and respectfully.
6. **Be careful:** be aware of potentially dangerous situations and when they occur, let the staff and volunteers know immediately.
7. **Be safe:** keep pathways clear, clean up spills, and notify staff or volunteers of potential hazards.
8. **Be watchful:** We’re all here to support people living with dementia, if you see someone who looks lost, distressed, or wandering away, please alert staff right away.
9. **Be responsible:** caregivers must remain with the person they are caring for at all times, unless they’re enrolled in our scheduled respite program.
10. **Be inclusive:** everyone is affected by dementia differently. Be accepting and avoid making judgments or assumptions.
11. **Be supportive:** offer to help when appropriate, but always with dignity and consent in mind. Sometimes, it is enough to just be present.

Caregiver Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



## Emergency Contact Information

<b>Primary Caregiver Contact</b> <b>Name:</b> _____ <b>Relationship:</b> _____ <b>Phone #:</b> _____ <b>Alternate Phone # :</b> _____ <b>Email (optional):</b> _____	<b>Medical Contact Information</b> <b>Physician Name:</b> _____ <b>Physical Number #:</b> _____ <b>Office location:</b> _____ <b>Neurologist:</b> _____
<b>Emergency Contact #1</b> <b>Name:</b> _____ <b>Relationship:</b> _____ <b>Phone #:</b> _____ <b>Alternate Phone # :</b> _____ <b>Email (optional):</b> _____	<b>Emergency Contact #2</b> <b>Name:</b> _____ <b>Relationship:</b> _____ <b>Phone #:</b> _____ <b>Alternate Phone # :</b> _____ <b>Email (optional):</b> _____








## Participant Interest Sheet

<b>Participant Name:</b> <b>Age:</b> <b>Gender Identity:</b>	<b>Primary Diagnosis:</b> <b>Care Partner :</b> <b>Relation to Participant:</b>
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**Knowing more about your person helps staff and volunteers offer activities that feel familiar, enjoyable, and supportive. Please check all that apply below.**

<p> <b>Music &amp; Sound</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Listening to music</li> <li><input type="checkbox"/> Singing</li> <li><input type="checkbox"/> Playing an instrument</li> <li><input type="checkbox"/> Dancing or moving to music</li> <li><input type="checkbox"/> Talking about favorite songs or musicians</li> <li><input type="checkbox"/> Specific bands/songs/Genres</li> </ul> <p>_____</p> <p>_____</p> <p>_____</p>	<p> <b>Creative Activities</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Drawing</li> <li><input type="checkbox"/> Painting, viewing, or creating?</li> <li><input type="checkbox"/> Coloring pages</li> <li><input type="checkbox"/> Crafts (cutting, gluing, folding)</li> <li><input type="checkbox"/> Knitting, sewing, or quilting</li> <li><input type="checkbox"/> Making things with hands (clay, wood, kits, models)</li> <li><input type="checkbox"/> Other:</li> </ul> <p>_____</p>
<p> <b>Nature &amp; Outdoors</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Going for a walk, where?</li> </ul> <p>_____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Sitting outside</li> <li><input type="checkbox"/> Gardening or planting</li> <li><input type="checkbox"/> Watching birds or animals</li> <li><input type="checkbox"/> Feeling the sun or fresh air</li> <li><input type="checkbox"/> _____</li> </ul>	<p> <b>Social Activities</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> One-on-one conversation</li> <li><input type="checkbox"/> Small group activities</li> <li><input type="checkbox"/> Sharing stories</li> <li><input type="checkbox"/> Meeting new people</li> <li><input type="checkbox"/> Talking about family or memories</li> <li><input type="checkbox"/> Discussion about current events</li> <li><input type="checkbox"/> _____</li> </ul>

<p> <b>Games &amp; Puzzles (please specify favorites)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Playing cards</li> <li><input type="checkbox"/> Board games</li> <li><input type="checkbox"/> Word games or trivia</li> <li><input type="checkbox"/> Simple puzzles</li> <li><input type="checkbox"/> Bingo</li> </ul> <p>Specify favorite games:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p> <b>Quiet Time &amp; Reflection</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Reading books or magazines</li> <li><input type="checkbox"/> Being read to</li> <li><input type="checkbox"/> Listening to stories or podcasts</li> <li><input type="checkbox"/> Looking at photo albums</li> <li><input type="checkbox"/> Sitting quietly (feel free to bring your own)</li> <li><input type="checkbox"/> Other:</li> </ul> <p>_____</p>
<p> <b>Movement &amp; Relaxation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Gentle stretching</li> <li><input type="checkbox"/> Chair exercises</li> <li><input type="checkbox"/> Breathing or meditation</li> <li><input type="checkbox"/> Hand massage or lotion</li> <li><input type="checkbox"/> Rocking or swaying</li> <li><input type="checkbox"/> Walking around the mall</li> <li><input type="checkbox"/> _____</li> </ul>	<p> <b>Watching &amp; Listening</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Movies or shows</li> <li><input type="checkbox"/> Nature or travel videos</li> <li><input type="checkbox"/> Animal videos</li> <li><input type="checkbox"/> Live performances or YouTube clips</li> <li><input type="checkbox"/> Religious or spiritual programs</li> <li><input type="checkbox"/> Listening to stories</li> <li><input type="checkbox"/> _____</li> </ul>
<p> <b>Comfort &amp; Favorites (please specify)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Favorite snacks or drinks</li> <li><input type="checkbox"/> Blankets or soft items</li> <li><input type="checkbox"/> Favorite scents (lavender, peppermint, etc.)</li> <li><input type="checkbox"/> Familiar routines</li> <li><input type="checkbox"/> Specify:</li> </ul> <p>_____</p> <p>_____</p>	<p>Is there anything else you would like to see here at Amy's place? (materials, activities, classes, etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p>



## Photo Release

I, (participant's name) \_\_\_\_\_ give my permission

for my photograph to be taken and used through Senior Citizens Services, Inc. programs. I understand that any photographs taken individually or as part of a group may be used to promote the programs of Dementia Support North West. Examples of such a promotion would include newspapers, agency newsletters, public displays, brochures, etc.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## OR

I would **NOT** like for (participant's name) \_\_\_\_\_ to be photographed for program use.

**\*Please note that a headshot photo will be taken of the participant for staff identification purposes only.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name-tag disclosure:

Name tags will be color-coded to differentiate between participants, staff, and caregivers. Name tags may also have additional symbols to communicate vital information to staff while maintaining the dignity and privacy of our participants.



## Amy's Place Dynamic Duos Program | Liability Waiver and Acknowledgment Form

Before participating in the program, we ask that you review and sign the following waiver and acknowledgment:

### 1. Supervision & Responsibility

**I understand that Dynamic Duos is not a respite program, and Amy's Place is not a Clinical care facility. As a care partner, I am responsible for accompanying the person I support at all times** during our visit, unless otherwise enrolled in a designated respite program.

### 2. Risk Acknowledgment

I acknowledge that while Amy's Place takes great care to maintain a safe and supportive environment, there are risks inherent in any community setting. I understand that **Dementia Support Northwest and Amy's Place are not liable for accidents, injuries, or incidents** that may occur during our time at the facility.

### 3. Medical Emergencies

In the event of a medical emergency, I give permission for Amy's Place staff or volunteers to contact emergency services (911). I understand that **I am responsible for the medical care and decisions** related to the person I am supporting.

### 4. Personal Belongings

I understand that Dementia Support Northwest is not responsible for any lost, stolen, or damaged personal items during our visit.

### 5. Respect for House Rules

I agree to follow the **Dynamic Duos House Rules** and will support a respectful, safe, and inclusive environment for everyone present.

- Name of person living with dementia: \_\_\_\_\_
- Name of care partner(s): \_\_\_\_\_
- \_\_\_\_\_

**Signature of Care Partner:** \_\_\_\_\_

**Signature of Participant:** \_\_\_\_\_

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

**Staff Use Only – Approved By:** \_\_\_\_\_



**Client (Caregiver) Surveys**

Please fill out this brief survey to help us collect some information for our grants.  
(if you like)



<https://redcap.link/CDRI-Evaluation-Client>