

HADI MEMORY CARE NAVIGATOR ACTIVITIES FORM

Agency/Organization: _____ **Staff Name:** _____

Date of Start of Navigation Services: _____ **Code of Patient:** _____

Gender Male Female **Age Category:** Under 60 Over 60 **Veteran** Yes No

Address City: _____ **Zip Code:** _____

Has the person received a diagnosis of Alzheimer's Disease or related dementia?

Yes No

Person with Dementia's relationship to primary caregiver?

Spouse Unmarried Partner Parent Child Other Relative Non-relative

Race of Person with Dementia?

White, non-Hispanic White, Hispanic American Indian Asian Black of African American
 Alaska Native Some other race Two or more races Native Hawaiian or OPI
Ethnicity Hispanic or Latino Not Hispanic or Latino

Current Housing Arrangement of Person with Dementia?

Apartment House Subsidized senior Housing Care Home or Foster Home Assisted Living Facility Nursing Facility

PRIMARY CAREGIVER: Person does not have a Primary Caregiver

Gender Male Female **Age:** Under 60 Over 60 **Veteran?** Yes No

Address City: _____ **Zip Code:** _____

Primary Caregiver's Relationship to Persons with Dementia?

Spouse Unmarried Partner Parent Child Other Relative Non-relative

Race of Primary Caregiver?

White, non-Hispanic White, Hispanic American Indian Asian Black of African American
 Alaska Native Some other race Two or more races Native Hawaiian or OPI
Ethnicity Hispanic or Latino Not Hispanic or Latino

Primary Caregiver lives with person with dementia

Date	Barrier Encountered	Navigation Activities Performed to Solve this Barrier	Time Spent (15 min intervals)

Outcomes Data

Did person need long-term care placement?

Mini Cog Score ____ Family Q. Score ____ MCSI Score ____ Nursing Facility Assisted Living Facility
 Care Home Adult Foster Home

Case Closed DATE: _____ REASON: _____

Helpful Tips for Your Visit

Tips for talking with persons with dementia and their family members

- Talk story and develop rapport
- Ask questions that are non-judgmental and encourage open discussion about needs
- Sincerely acknowledge the difficulties the person and family have experienced
- Repeat or paraphrase to check that you understand what the person or family member has said

Steps to help the individual/family

1. Ask individual and family about services they currently use or know about
2. Ask about remaining problems or gaps: Tell me about additional problems or challenges that you have. What kind of help do you want or need?
3. Go through the areas of *Dementia Support* in the Roadmap. For each, ask: a) Does this sound like it will help you? b) Would you like more information on this, OR Do you want help accessing this service?
4. Give individual/family the information. Offer to call the agency or get the information for them. Follow up as needed.

Completing the Activities Form

- We are tracking time spent performing navigation activities. Please report in 15 minute increments- e.g., 15, 30, 45, 60 minutes.
- At the bottom, indicate the scores for the 3 screening tools: Mini-Cog, Family Questionnaire, and Modified Caregiver Strain Index.
- We are tracking institutionalization. At the bottom, please check the box to indicate a long-term placement in a nursing facility (NF), assisted living facility (ALF), care home or adult foster home. Please complete all boxes and fields. *We will be calling to follow up if there is missing information.*
- At the end of each month, please send this form to UH Center on Aging. Even if there is no activity, or you continue to see the client in subsequent months, please continue to track visits on the *same* sheet. Continue tracking visits/activities on a new sheet if necessary.
- When the case is closed, complete the "Case Closed Date, Reason" section at the bottom and send to UH COA at the end of that month, no faxes will be expected in subsequent months.
- Activity forms must be scanned and emailed to uhcoa@hawaii.edu (**preferred**) or faxed to: 956-8340 at the END of EACH MONTH. We will follow-up if forms are not received.

Last points to consider:

- Remember to observe your agency/organization's HIPAA confidentiality rules.
- Dementia can be a slow and lingering illness. Provide support for as long as you can and are able. Follow up may be over the long-term. We recommend that you use the Modified Caregiver Strain Index every six months with caregiver to monitor changes.



A PROJECT OF THE UH CENTER ON AGING

www.hawaii.edu/aging/hadi