



A Catholic weekend retreat ministry serving individuals with physical disabilities*

RETREAT APPLICATION FOR AIM #67

October 25-27, 2019

Name: _____ Nickname: _____

Address: _____
Street City State Zip

Phone: _____ Birthday: _____ Age _____ Weight _____

In order to best care for your needs and match you with your volunteer assistant, please answer all questions to the best of your ability. The nurses and your assistant will have a copy of this application.

Disability: _____

With whom do you live? (parents, group home, self, etc.) _____

Tell us a little bit about yourself, special interests, hobbies, musical talents, or a favorite pastime?

Do you use a computer? Yes ___ No ___ E-Mail Address: _____

Parish or Church: _____

If you have a present concern in your life which you would like to share before the retreat, describe in a few words:

Are there any other special needs or considerations your assistant needs to know about you or your daily routine? (Note that there is a medical information and special assistance form to this application and you can insert specifics there.)**

***Please note that, while the content of the retreat is Catholic, we welcome individuals of all faiths. This is a retreat for individuals with physical disabilities only. We are not able to assist individuals with other types of disabilities.**

****We are not a care facility and, while we will have volunteer nurses present and overnight aides for assistance, we do not have the means to care for certain medical conditions. Call 954-821-6077 with questions.**

Financial and Contact Information

Name: _____

The cost of this retreat is a donation according to your means. The Duncan Center charges \$280.00 per person for room and meals for the entire weekend but we have generous donors who can make your participation possible if you require it to participate. Your presence is what is important. Whatever your means allows is the cost of the retreat.

Make checks payable to: St. Joan of Arc Catholic Church and make a special note on the check in the memo section: AIM Ministry

___ I am able to pay the entire amount. My check for \$280 is enclosed.

___ I am able to partially contribute and would appreciate assistance with the balance. My check for _____ is enclosed.

___ I am unable to contribute and would appreciate financial assistance.

PLEASE SIGN AND RETURN YOUR APPLICATION AS SOON AS POSSIBLE. Space is limited.

Signature _____ Date _____

Make sure you fill out all of the attached documents and mail the application and attachments with any donation to:

Paul Paschke

**341 S.W. 2nd Street Boca
Raton, FL 33432**

If you have any questions please contact either individual below:

Margarita Castellon, 954-821-6077 margcast@bellsouth.net	Paul Paschke, 561-392-2476 paschkepa@yahoo.com
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Name: _____

Please check Yes or No	YES	NO	COMMENTS
Eating			
I need food cut			
I need to be fed			
Any special dietary restrictions:			
Dressing and bathroom use			
Dressing			
Using the toilet			
Brushing teeth			
I need a commode chair			
I have a catheter			
I use disposable, absorbent pads (e.g., Depends)			
I would like a waterproof pad on my bed			
My mobility			
I use a wheelchair			Manual Electric (choose one)
I can transfer from my wheelchair without assistance			
I use a walker			
I use another mobility assistive device			If so, explain:
I have paralysis			Right side: arm__ hand__, leg__, foot__, facial __ Left side: arm__ hand__, leg__, foot__, facial __
My vision			
My vision is limited			
I wear glasses			
I wear contacts			
I have no vision			
I can read Braille			
I use a cane			
My hearing			
My hearing is limited			Left side: ____ Right side: ____ Both sides: ____
I use a hearing aid			
I need an interpreter			
My speech is easily understood			

Others need to listen closely			
I use assistive technology to be understood			If so, explain:

Other Assistance Needed: