

## **Compassionate Cleaning Program**

### **For Families with Loved Ones Living with Dementia and Alzheimer's**

Thank you for your interest in our cleaning services program designed to support families caring for individuals with dementia. Please complete the following form to apply for assistance.

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#### **Applicant Information:**

- Full Name:
- Relationship to Individual with Dementia:
- Address:
- City:
- State:
- ZIP Code:
- Phone Number:
- Email Address:

#### **Information About the Individual with Dementia:**

- Full Name:
- Age:
- Primary Diagnosis:
- Living Situation (e.g., lives alone, with family, assisted living, etc.):

#### **Cleaning Service Needs:**

- Frequency of Cleaning Services Requested (e.g., weekly, biweekly, monthly):
- Specific Cleaning Needs (e.g., general tidying, deep cleaning, sanitation, laundry, etc.):
- Are there any safety concerns or specific instructions our cleaning team should be aware of?

#### **Financial Information:** (This section helps us assess eligibility for financial assistance)

- Household Income Range:
- Are you currently receiving any financial aid or support programs? (Yes/No) If yes, please specify:

#### **Additional Information:**

- How did you hear about our services?
- Any other relevant details you would like us to consider?

**Consent and Agreement:** By submitting this application, I certify that the information provided is accurate and complete to the best of my knowledge. I understand that completing this form does not guarantee approval for services, and eligibility will be determined based on need and available resources.

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

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For questions or assistance with this application, please contact us at 631-603-7855 or [patrena.management@gmail.com](mailto:patrena.management@gmail.com).

Thank you for applying for our compassionate cleaning service program. We will review your application and reach out to you as soon as possible.