

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.

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: _____

For questions or assistance with this application, please contact us at 631-603-7855 or 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.