

Dementia Alliance of North Carolina

Music and Memory at Home Kit Application



Program Listener (name of person living with dementia):

Caregiver Applicant Name:

Does the caregiver live in the same household as the program listener? Yes or No

Please Note: Applicants must still be living at home to qualify for a free music kit.

What is the relationship between the caregiver and program listener:

spouse/partner parent in-law sibling friend other _____

Caregiver applicant phone:

Caregiver applicant email address:

Mailing Address for Kit:

Town/City:

Zip:

County:

Program listener's date of birth: ____/____/____

Please list any known places of residence from childhood through early adulthood:

Example: Childhood - Greensboro, NC

Race & Ethnicity (check all that apply)

Black / African-American

Native American

White

Asian

Pacific Islander

Hispanic or Latino

Other

Native Language(s) if other than English:

Dementia Diagnosis (check all that apply)

Alzheimer's

Dementia

Lewy Body

Vascular

Frontotemporal

Other

I'm unsure

Estimated Year of Diagnosis (Month, Year)

Other Medical Conditions (list)

Please answer the following questions and check N/A for any that do not apply:

Did the program listener enjoy singing, perform in singing groups or at religious services? (Please specify denomination) _____

N/A

Did the program listener play a musical instrument either solo or as part of a band? What kind of music did they perform (orchestral, marching band, jazz, rock 'n roll etc)? _____

N/A

Did the program listener enjoy dancing? Did they ever perform in public or frequent social dances? _____

N/A

Does the program listener have any military history (Branch, Dates of Service and Location)? _____

N/A

What to expect next: After receiving this application, our team will create a draft playlist of 80-100 songs for inclusion in your music kit. Our playlists are focused on the artists/favorite tunes you will list on pages 3-4 as well as others our “music detectives” imagine your loved one may have enjoyed around the ages 10 to 30. This is a time of life known as the “reminiscence bump” where neural activity is strongest and musical favorites are more deeply felt by people living with dementia. Once we have a detective playlist created, we will reach out to you to schedule a listening session where we can fine-tune the playlist with your listener. Your finalized playlist is then loaded onto a dementia friendly mp3 player and we ship it to directly to you along with everything you need to make music a daily party of your care routines at home and on the go.

We are grateful to the many donors and sponsors who make this program free of charge for residents of North Carolina.



Caregiver Consent

I, as the caregiver, grant permission to Dementia Alliance of NC the use of photographs, videos and any feedback I share with program staff, for presentation under any legal condition, including but not limited to: publicity, copyright, illustration, advertising, web content and research.

Printed Name (First and Last)

Signature

Date

Return by Email:

mymusic@DementiaNC.org

Return by Mail:

Dementia Alliance of North Carolina
9131 Anson Way, Suite 206 Raleigh,
NC 27615



My FAVORITE ARTISTS: List 5 or 6 favorite musical artists

My TOP 10 FAVORITE SONGS:

Please list specific song names with artists, if known. **Example:** *Hounddog by Elvis Presely*

TIP: consider songs that bring back memorable moments, and **sing-along** favorites that brighten the mood or soothe the soul. Favorite hymns or songs from **faith** traditions and lively toe-tappers that get you **dancing** are all good bets.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

My FAVORITE GENRES:

- ☐ Country
- ☐ Rock
- ☐ Pop

- ☐ R&B
- ☐ Soul
- ☐ Blues

- ☐ Vocal Jazz
- ☐ Jazz
- ☐ Big Band

- ☐ Classical
- ☐ Opera
- ☐ Musicals

- ☐ Latin
- ☐ Bluegrass
- ☐ Folk

- ☐ Gospel
- ☐ Hymns
- ☐ Other(s) _____