



Stronger Memory Referral Form

Once completed email to Sandc@searchandcare.org

Program Description – Search and Care’s Stronger Memory program is adapted from Goodwin Living’s Stronger Memory course which has been studied by accredited professionals at George Mason University and demonstrated positive cognitive functioning.

Important Program Information:

-8-week course involving home assignments and group sessions centered cognitive-related topics.

-Hybrid:

Available in person and on Zoom, Tuesdays 10:30am

- In Person

- Search and Care’s Office - 207 East 94th Street Mezzanine New York, NY 10128

-Snacks will be provided and clients are able to bring their own food should they wish

- On Zoom

Eligibility:

- Should be 60 years and older
- Self-motivated to complete the course

Virtual

- Has video and audio enabled device
- Has internet access
- Has email or at least willing to make one to receive zoom link
- Has some experience with zoom or willing to learn and has someone that can support

In Person

- Able to get to and from Search and Care office independently or with support (we do not have capacity to provide transportation or escorting for this program)



Client Information:

Name: _____

DOB: _____

Address:

Phone: _____ Can this number be texted? ____

Email: _____ *Need to receive zoom links if interested in virtual *

Willing to create one if does not have? _____

What is their preferred method of communication (phone call, text, or email)? _____

Is there a best day or time of day to reach and communicate with the client? _____

Which how would like to participate, Zoom or In-Person?

Emergency Contact

Name: _____

Number: _____

Relationship: _____



If client has someone who can support client with the program, what is their name, contact info, and relationship to client? (May be different than the contact above as this person would be providing regular hands-on support like a home care worker or neighbor)

Name: _____

Relationship: _____

Phone: _____ *Can it be texted? _____

Email: _____

How would the client like to obtain the program materials (mailed, delivered, left with front desk, pick up, etc.?)

In Person

Is client able to get to the office on their own or with support? *Important as we are not able to provide escorting or transportation for this program*

Virtual Questions

What type of device will they be using to receive notices and to participate in the group?

Is client comfortable and have capacity to navigate their email and zoom to participate or have someone who can support
