

"Focus"

Caregiver Support Group Registration Form

- Getting to Know You -

We are so happy to welcome you to our Caregiver Support Group! Filling out this form, and telling us a bit about yourself, will help us to better organize meeting agendas.

Please type directly on the form and return to:

Lisa.DiBonaventura@mass.gov

Thank you so much!

Today's Date:

Name:

Email Address:

Phone:

Agency Name and Address:

DDS Region (Central-West, Metro, Northeast or Southeast):

Primary Language:

Location of Service: Please check all that apply:

Home

Day Program

Work

Transportation

Other/Please Describe:

Please note: These Web links are being offered only as informational resources.
It is not our intention to endorse or recommend the sites.

"Focus"

A resource of the MCB/DDS Partnership Project
focusonvisionandvisionloss.org
508.384.5539

Caregiver Support Group (continued)

Which reoccurring Caregiver Support Group would you like to sign up for?

2nd Tuesday of each Month from 10:00am to 11:00am

2nd Wednesday of each Month from 4:00pm to 5:00pm

Both Caregiver Support Groups (Each month I'll decide which best fits into my schedule.)

Availability of Technology: Please check all that are available for use:

Landline phone

Cellphone

iPad

Laptop

Desktop Computer

Number of individuals with Vision Impairment, Legal Blindness or Deaf Blindness with whom you work:

Please tell us about yourself and your expectations for this Caregiver Support Group:

If you would like to request an ADA or religious accommodation, please indicate here:

Next Steps:

- Please return completed form to: Lisa.DiBonaventura@mass.gov
- A link for the Caregiver Support Group meeting(s) will be emailed to you.

Questions?

Please don't hesitate to contact: Lisa.DiBonaventura@mass.gov

Thank You!