

Fidget Sleeve Request Form

Contact person (name & number): _____

The following info collected has to do with the person with dementia

Name: _____ Birth year: _____ Birth place: _____

Up to 3 significant things about the Individual:

1. _____

2. _____

3. _____

Examples of significant things: career; family; animal lover; nature lover; city lover; reader; social; traveler; camper; special places; etc.