



## **An Oasis Program for people affected by dementia.**

Every Monday-Wednesday and Friday we will be hosting a private workshop between 10-3PM by **Marissa, Julie and Donald.**

A graphic for Oasis Workshops. It features the Oasis logo (a leaf in a circle) and the word "Oasis" in a large font, with "WORKSHOPS" underneath. Below this, it says "Every Monday, Wednesday, Friday" and "ACTIVITIES INCLUDE:". There are two columns of activities listed in italics: Art Classes, Woodworking, Nature Strolls, Cognitive/Physical Exercise, Music Therapy, Entertainment, and Discussions on various subjects. The background has a faint, large green leaf graphic.

**Oasis**  
WORKSHOPS

Every Monday, Wednesday, Friday

**ACTIVITIES INCLUDE:**

- *Art Classes*
- *Woodworking*
- *Nature Strolls*
- *Cognitive/Physical Exercise*
- *Music Therapy*
- *Entertainment*
- *Discussions on various subjects*

Each team is based on a 4 people attendance to keep social distancing. Exchange are made over a 6ft round table or chairs that are 6 ft apart.

Each day will start over coffee in Sea Captain Foster's Café & Bistro, following by cooking activities and talk time until lunch. Lunch will be served individually at noon and followed by an afternoon program in the Heritage Barn. Program will includes woodworking, painting etc.. cognitive and physical exercises; short movies with

discussions on spiritual topics, walk and exercise when possible. Programs are tailored to individual abilities and interests.

COVID precautions: *Each guest undergoes a thorough intake questionnaire.*

*Instructors and participants will wear a face shield during their time at Oasis and close supervision will be given to social distancing.*

General: *Each Oasis program will only have 4 participants. An experienced health care staff will be present at all time to assist with any needs.*

Certifications: *All staff received a specialized COVID certification and are trained in the DICE Approach. Health care staff has a minimum of a CNA or LPN.*

*Our approach is based on DICE: A method that represents a simple but systematic method for understanding, assessing and managing behavioral and psychological symptoms in dementia (BPSD). DICE is an adaptation of the reasoning process used by dementia behavior experts and numerous research trials involving behavioral management skills training for family caregivers. Dr. Helen C. Kales, a board-certified, fellowship trained geriatric psychiatrist. We encourage family members to become participant in our “Dice Workshop for Caregivers. “ offered at the Heritage Barn.*



## Lunch Menu

*Monday: Beef Bourguignon & Potatoes  
Oatmeal Raisin Cookies*

*Wednesday: Chicken Chili & Cornbread  
Chocolate Chip Cookies*

*Friday: Pot Roast & Roasted Vegetables  
Homemade Hand Pies*

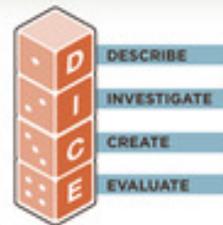


# Oasis

BREWSTER  
WORKSHOP

**LET OUR  
FAMILY  
TAKE CARE  
OF YOURS**

The Oasis Program is designed to help those affected by dementia. Our staff uses the DICE approach by Dr. Kale from Stanford University



## INFORMATION:

✉ [info@oasisbrewster.org](mailto:info@oasisbrewster.org)

## REGISTRATION:

☎ (508) 273-2224

✉ [workshops@oasisbrewster.org](mailto:workshops@oasisbrewster.org)



## COST:

**\$150**

per week/  
\$500 per month

## WHEN:

*Monday  
Wednesday  
Friday*  
**10 AM - 3 PM**

## WHERE:

Sea Captain Foster  
Homestead  
1222 Stony Brook Road  
Brewster, MA 02631

COVID PRECAUTIONS WILL BE IN PLACE  
FOR ALL PARTS OF OUR PROGRAM

## Workshop Intake questionnaire:

### Phone conversation:

Contact Name: \_\_\_\_\_ Tel: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Guest Name: \_\_\_\_\_

Walking ability level: \_\_\_ Own \_\_\_ Walker \_\_\_ Wheelchair \_\_\_ Other \_\_\_\_\_

Significant medical history:

Any history with COVID or other infectious exposure, testing: \_\_\_ Yes \_\_\_ No

Diabetes \_\_\_ Heart condition: \_\_\_\_\_ Kidney: \_\_\_\_\_

Stroke: \_\_\_\_\_ . Other: \_\_\_\_\_

Cognitive: MME # \_\_\_\_\_ (ask doctor/neuro or primary) or Early \_\_\_ Middle \_\_\_ Late \_\_\_

Special needs: \_\_\_\_\_

Does this person require a home visit for better assessment? : Yes \_\_\_\_\_ No: \_\_\_\_\_

### After acceptance questionnaire:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Perhaps these questions could be answered later?

Dietary: \_\_\_\_\_

Swallowing difficulty: \_\_\_\_\_

Incontinence: Night \_\_\_\_\_ Day \_\_\_\_\_ #1 \_\_\_\_\_ #2 \_\_\_\_\_