

ADULT DAY CARE APPLICATION

TODAY'S DATE ___ / ___ / ___

NAME _____

ADDRESS _____
Last First Middle Preferred

PHONE _____ MARITAL STATUS _____ SPOUSE NAME _____
Street City Zip Code

LIVING WITH(NAME) _____ RELATIONSHIP _____

SEX _____ BIRTHDATE ___ / ___ / ___ BIRTHPLACE _____

ETHNICITY _____ LANGUAGE(S) SPOKEN _____

YEARS OF EDUCATION _____ RELIGION/CHURCH _____

FORMER OCCUPATION _____

NUMBER OF _____ SONS _____ DAUGHTERS _____ LIVING SIBLINGS _____ GRANDCHILDREN

LIST CAREGIVERS (If additional space is needed, attach sheet to application.)

1. Name _____ Relationship _____

Address _____ Phone _____

2. Name _____ Relationship _____

Address _____ Phone _____

PERSON(S)/AGENCY RESPONSIBLE FOR PAYMENT (If additional space is needed, attach sheet to application.)

1. Name _____ Relationship _____

Address _____ Phone _____

2. Name _____ Relationship _____

Address _____ Phone _____

TRANSPORTATION: PLEASE CHECK THE APPROPRIATE BOX FOR MORNING AND AFTERNOON.

AM: PRIVATE _____ HANDIVAN _____ PASS# _____ OTHER _____

PM: PRIVATE _____ HANDIVAN _____ PASS# _____ OTHER _____

MEDICAL INFORMATION

MEDICAID # _____ MEDICAID ACCSB WORKER _____ PHONE _____

DATE OF LAST APPOINTMENT PRIOR TO PHYSICAL _____

LAST HOSPITALIZATION _____ WHAT REASON _____

PHYSICIAN'S NAME _____ PHONE _____

ADDRESS _____

ADVANCE DIRECTIVES/LIVING WILL WISHES:

WEARS GLASSES _____ HEARING AID _____ READS _____ WRITES _____

ORIENTATION TO PERSON _____ PLACE _____ TIME _____

MY REQUESTED START DATE IS _____.

ATTENDANCE – PLEASE INDICATE THE DAYS AND APPROXIMATE TIMES YOU WILL BE ATTENDING:

MONDAY _____ A.M. - _____ P.M. TUESDAY _____ A.M. - _____ P.M. WEDNESDAY _____ A.M. - _____ P.M.

THURSDAY _____ A.M. - _____ P.M. FRIDAY _____ A.M. - _____ P.M. SATURDAY _____ A.M. - _____ P.M.

I UNDERSTAND I WILL BE CONTACTED WHEN THERE IS A SPACE AVAILABLE.

CONTACT PERSON _____ PHONE _____

SIGNATURE _____ DATE _____

<i>FOR OFFICE USE ONLY</i>	<i>DATE</i>	<i>CHK/REF#</i>	<i>AMOUNT</i>	<i>INITIAL</i>
<i>START DATE</i>		<i>REGISTRATION FEE</i>		