



VASSAR-WARNER HOME FOR THE DAY
Adult Day Care

Application for Enrollment

SECTION 1: PARTICIPANT INFORMATION

Full Name: _____

Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Secondary Phone: _____

Email: _____

Primary Language: _____

Preferred Method of Communication: _____

SECTION 2: EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone (Primary): _____

Phone (Secondary): _____

Address: _____

SECTION 3: HEALTH & MEDICAL INFORMATION

Primary Care Physician: _____

Physician Phone: _____

Hospital of Choice: _____

Health Insurance Provider: _____

Member/ID Number: _____

Medicaid CIN (if applicable): _____

Medicare ID Number: _____

Medical Diagnosis: _____

Allergies: _____

Diet Considerations: _____

SECTION 4: PRESENT CIRCUMSTANCE/CARE NEEDS

- With Spouse
- With Relatives
- With Non-Relatives
- Alone In House Or Apartment
- Alone In Single Room

Mobility (check one):

- Independent
- Cane
- Walker
- Wheelchair

Other: _____

Assistance Needed (check all that apply):

- Activities of Daily Living
- Medication Assistance
- Meal Assistance
- Toileting
- Ambulation

Other: _____

SECTION 5: SOCIAL & COGNITIVE NEEDS

Cognitive Status (check all that apply):

- Alert
- Occasional Forgetfulness
- Memory Impairment
- Dementia/Alzheimer's

Other: _____

Behavioral Considerations:

- None
- Wandering
- Exit-Seeking
- Agitation

Other: _____

Interests/Hobbies:

Cultural/Religious Considerations:

SECTION 6: SERVICES REQUESTED

(Check all that apply)

- Socialization/Recreation
- Nutritional Services/Meals
- ADL Assistance
- Supervision

Other: _____

SECTION 7: AUTHORIZATIONS

I authorize Vassar-Warner Home for the Day Social Adult Day Care program to obtain and share necessary health and service information needed for my care and safety.

Signature: _____ Date: _____

Print Name: _____

Relationship (if not participant): _____

SECTION 8: PROGRAM USE ONLY

Date Application Received: _____

Intake Evaluator: _____

Eligibility:

Approved

Not Approved

Start Date: _____

Notes:
