

ENROLLMENT APPLICATION FOR ALPHA CENTER ADULT DAY SERVICES

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE (HOME) _____ (CELL) _____ (WORK) _____

SOCIAL SECURITY # _____

BIRTHDATE _____

*Alpha Center receives funding from various sources that require a report of client ethnicity so to be accurate, we ask the following:

White _____ Black/African American _____ Asian _____ Hispanic _____ Other _____

EMERGENCY CONTACT

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE (HOME) _____ (CELL) _____ (WORK) _____

E-MAIL _____

RELATIONSHIP _____

SECONDARY EMERGENCY CONTACT

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE (HOME) _____ (CELL) _____ (WORK) _____

E-MAIL _____

RELATIONSHIP _____

LIVING ARRANGEMENTS

CLIENT LIVES ALONE YES _____ NO _____

If no, CAREGIVER INFORMATION

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE (HOME) _____ (CELL) _____ (WORK) _____

E-MAIL _____

RELATIONSHIP _____

COMMUNITY SERVICES UTILIZED

Please check all that apply

Home Health Aid _____ Homemaker _____ Home Delivered Meals _____

Emergency Telephone response _____ Transportation _____

Outpatient Therapies _____

HISTORY AND BACKGROUND INFORMATION

Birthplace _____ Marital Status _____

Children _____ Former Occupation _____

Interests/Hobbies _____

*REQUEST

We believe each person is unique and has a special “then and now” story to share. Having a photo of “then” times help us get to know and appreciate your story.

DAILY LIVING SKILLS

Answer yes/no

Do you need help eating? _____

If yes, explain _____

Do you need help in the restroom? _____

If yes, explain _____

Do you need mobile aids such as cane, walker or wheelchair? _____

Are there any urinary incontinence issues? _____

Do you wear protective undergarments? _____

Do you have hearing problems? _____

If yes, do you wear a hearing aid? _____

Do you have vision problems? _____

If yes, please explain _____

Do you wear dentures? _____

Do you drive? _____

If yes, will you be driving to the center? _____

(3)

PLEASE CHECK ALL THAT APPLY

Allergies _____ Type _____

Alzheimer's _____

Anemia _____

Anxiety/Panic Attacks _____

Arthritis _____

Asthma/Hay fever _____

Cancer _____

Chronic Cough/Lung _____

Constipation _____

Depression _____

Diabetes _____

Epilepsy/Seizures _____

Fainting Spells _____

Foot Problems _____

Headaches/Migraines _____

Heart Condition _____

High Blood Pressure _____

Kidney Disease _____

Stomach (Ulcers, Diverticulitis, etc) _____

Parkinson's _____

Pneumonia _____

Skin Conditions _____

Stroke _____

SOCIAL/EMOTIONAL ISSUES

Any emotional issues or recent events that affect your daily life? _____

Do you spend time with family and friends? _____

If yes, how often? _____

Are there food dislikes? _____

If yes, please list _____

Are there any smells that affect you? _____

If yes, please list _____

Activities of interest (card games, puzzles, crafts, etc) _____

FYI

Alpha Center plans special group outings periodically. These outings will include all clients attending on that scheduled day. You will receive notification and details of any planned outing.

I will participate in planned outings

Yes _____ No _____

City and county transport systems are on separate boundary routes. At times you may require transport that is outside your regular route. If you think that this may be necessary, application to the other system is required. Example: You are on a county van that brings you to the Alpha Center and you want to go the doctor which is in the Muncie city limits when leaving the center. In this case, you must ride MITS Plus which is the city transportation provider. Example: You ride the city van to the Alpha Center but you need to go to your daughter's home which is outside city limits when you leave in the afternoon. You will need to ride the county van to this area. If this cross transportation is a possibility, please apply for both transportation services. (Alpha Center can assist with this)

I will ride the city transport MITS Plus _____

I will ride the county transport LifeStream Senior Rides _____

I will ride the county transport Eaton EMTs _____

I will need access to both city and county transport _____

Are you involved in any legal issue that may affect your attendance or safety? This could be a restraining order or financial hold on assets. The Alpha Center needs to be aware of any possible issue that could arise during scheduled attendance hours.

I am involved in a legal issue at this time (yes, no) _____

Explain (if Alpha Center might be involved)

INCOME

The following income levels determine daily fees charged.

Please check monthly income level:

\$1400.00 or below _____

\$1400.00-\$1800.00 _____

Above \$1800.00 _____

Alpha Center charges for services based on a sliding fee basis. Funding sources are received from LifeStream Services which is an agency that offers various services for senior citizens. When referred to LifeStream Services, you will be contacted and interviewed for any possible services that may be available to you. A waiting period is often required before any of these funds are released. If your services are not covered by funding, private pay is required. All accounts are billed following the month of attendance. Example: If attending January, you will be billed in February for those attended days.

All bills are due upon receipt

I understand the Alpha Center billing procedure and agree to pay fees for services as stated.

RESPONSIBLE PARTY _____

BILLS ARE TO BE SENT TO: _____

ADDRESS: _____

PHONE: _____

I give permission for Alpha Center to refer me to LifeStream Services Inc. for possible available services

SIGNED _____