

Adult Day Center of Somerset County, Inc.

872 East Main Street
Bridgewater, NJ 08807
phone: (908) 725-0068
fax: (908) 725-2995

Application

Applicant's name:

Person Completing
Application:

Relation:

Referred by:

Signature:

Date:

ADULT DAY CENTER APPLICATION

APPLICANT INFO

Name: _____ Gender: _____ M _____ F

Address: _____ Birthdate: _____

_____ SS#: _____

Phone: _____ Marital Status: _____ S _____ M _____ W _____ D

Living Arrangements: _____ with family _____ alone _____ other: _____

Medicare #: _____ Medicaid #: _____

Advance Directive/Living Will: Yes No

Physician's signed DNR (Do not resuscitate): Yes No

Durable POA: Yes No Name of POA: _____

Please provide copies for any and/or all of the above that apply.

CAREGIVER INFO

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Place of business: _____ Bus. Phone: _____

Ability to visit program: _____

Will you be able to assist in transportation? Yes No

EMERGENCY CONTACTS

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Caregiver Email: _____

MEDICAL INFO

Past Medical History, including any surgeries: _____

Current diagnoses: _____

Medications and dosages:

Diet: ___ Regular ___ Diabetic ___ Chopped/Cut foods ___ Pureed ___ Other

ADL's	Independent	Needs Assistance	Total Dependence	Comments
Dressing				
Toileting				
Walking				
Eating				

Orientation:	Always	Sometimes	Neverr	Comments
Self				
Other Persons				
Place				
Time				
Day/Date				

Place of birth: _____

Education: _____

Spouse's name: _____

Number of children: _____

Past employment: _____

Reason for Application: (check all that apply)

- Applicant unable to live alone
- Caregiver must work
- Caregiver needs respite
- Applicant needs socialization and stimulation

ADDITIONAL FAMILY CONTACTS

Name/Relation: _____

Address: _____

Phone: _____

Email: _____

Name/Relation: _____

Address: _____

Phone: _____

Email: _____

Name/Relation: _____

Address: _____

Phone: _____

Email: _____

Name/Relation: _____

Address: _____

Phone: _____

Email: _____

To be completed by Adult Day Center

Date Received: _____

Home Visit Scheduled: _____

Status of Application:

Accepted

Start Date: _____

Pending

Reason: _____

ADULT DAY CENTER OF SOMERSET COUNTY - FINANCIAL INFORMATION

Please complete and sign this form, and return it with **written verification of CURRENT GROSS INCOME**. Verification must be provided for every source of income (e.g.: Social Security, pensions, interest/dividends, IRA withdrawals). Examples of written verification are bank statements (**ALL pages of the statement must be provided**), Social Security Administration award letters, pension statements and 1099s. **PLEASE NOTE THAT THE ONLY ACCEPTABLE FORM OF DOCUMENTATION FOR SOCIAL SECURITY IS A CURENT SOCIAL SECURITYADMINISTRATION AWARD LETTER.** Please include information for applicant and spouse (if applicable).

Applicant Name: _____ SS#: _____

Medicare #: _____ Medicaid #: _____

Other Insurance and #: _____

<u>SOURCE</u>	<u>ANNUAL AMOUNT</u>		<u>HOW VERIFIED</u>
	<u>Client</u>	<u>Spouse</u>	
Wages	_____	_____	_____
Social Security	_____	_____	_____
Pensions	_____	_____	_____
IRA Distributions	_____	_____	_____
Interests, Dividends, Trusts, etc.	_____	_____	_____
Other Income	_____	_____	_____
Total Income	\$ _____	\$ _____	

Client/Caregiver Signature _____

Staff Signature _____

The information above is available only to service agency staff and public officials who require it in connection with their duties.

For Office Use Only

SSBG eligible: Yes ___ No ___

Fee assessed \$ _____ per day

Date of redetermination: _____