



Harold Sherman Adult Day Center

Application for Enrollment Adult for Day Care/ Day Health Services

Applicant's full name: _____

Address: _____

Phone: _____ DOB: _____ Sex: ____ SSN: _____

Why are you interested in coming to this program? _____

Have you had previous experience in a day program? Yes No

If yes, where and when? _____

Marital Status: Married Single Separated Widowed Divorced

Present Living Arrangements: With spouse With relatives With Non-Relatives
 Alone in House or Apartment Alone in Single Room

Primary Caregiver Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Caregiver's employer (if applicable): _____

Emergency Care Information

Please list the names of two-three persons who may be contacted in case of emergency:

1) Name: _____ Relationship: _____

Address: _____ Phone: _____

2) Name: _____ Relationship: _____

Address: _____ Phone: _____

3) Name: _____ Relationship: _____

Address: _____ Phone: _____

Name of Physician: _____ Telephone: _____

Name of Dentist: _____ Telephone: _____

Preferred Hospital: _____

Health Insurance Provider: _____

Services and Agreements

Transportation will be provided by: Relative or Friend _____
 Public/Private Transportation: Name _____

I agree that participation in this program will be paid by:
____ Department of Social Services ____ CAP/Medicaid ____ Veterans Administration
____ Participant ____ Caregiver/Relative Name: _____
____ Other _____

Days of Attendance: (Please Circle) M T W Th F

Arrival Time: _____ Departure Time: _____

Special dietary needs, if any: _____
(Attach a copy of the doctor's orders if on a special/therapeutic diet)

Supportive devices used by applicant:

- Cane Walker Wheelchair Hearing aid Dentures
- Eyeglasses (contacts) Other, please list: _____

Service Agreement

- This participant does not require a POA, may make his/her own decisions, and may sign for his/herself legally.
- Participant (named below) has a Power of Attorney or legal guardian and a copy will be provided to HSADC:
Name of POA/guardian _____ Phone # of POA/guardian _____
- Participant has an advance directive
 - I will provide the day program with an original copy.
- Participant does not have an advance directive.
- I would like information on how to obtain an advance directive.
- Participant does not want an advance directive.
- Participant has a DNR order.
 - I will provide the day program with an original copy, signed and dated by the physician.
- The Healthcare Coordinator will administer medications, if needed, as prescribed. I will provide these medications in the containers as dispensed with their proper labeling as per state requirements. All medications will be locked and distributed at time prescribed.
- It is the responsibility of the participant and/or responsible party to notify the Center of any changes in medication, health conditions, etc.
- I have received a copy of my Participants Rights in my enrollment packet.

I agree to adhere to the program requirements by having an annual physical and tuberculin skin test or physician verification of being free of communicable disease. The results will be maintained as a part of my confidential program health records.

I hereby _____(authorize) _____ (do not authorize) the Harold Sherman Adult Day Center to use my pictures, video, slides or tape recording of me for publicity, our in-house photo album and/or news releases relating to the Harold Sherman Adult Day Center.

I hereby authorize the Harold Sherman Adult Day Center to take photographs and create a “scent- pack” to be confidentially maintained and used only for identification purposes. I authorize my name with these forms of identification.

The Harold Sherman Adult Day Center has my permission to transport this participant on field trips and/or to and from the facility as needed. I will be notified by staff of each field trip.

All items brought to the Center must be marked. The Harold Sherman Adult Day Center will not be held responsible for missing or lost items.

If emergency medical care becomes necessary, I give permission for any treatment the physician deems necessary.

The day care program's policies have been explained and I have been given a copy of them and agree to abide by them.

I acknowledge that I have received Granville Health System/ Harold Sherman Adult Day Center’s Notice of Privacy Practices. I understand that the notice and disclosures of my protected health information by Granville Health System/ Harold Sherman Adult Day Center informs me of rights and respect of my protected health information. A signed authorization and specifics regarding the release of information will be signed at each information request, when indicated by law.

Applicant Signature: _____ Date: _____

Responsible Party Signature: _____ Date: _____

Witness Signature: _____ Date: _____

HAROLD SHERMAN ADULT DAY CENTER COMPREHENSIVE SOCIAL AND ACTIVITY ASSESSMENT

Name _____ Nickname/ Preferred Name: _____

Birthdate: _____ Birthplace: _____ Place you call "Home": _____

Marital Status: Married Divorced Widowed Single If married, spouse's name: _____

Children's Names: _____

Language Spoken: _____ Speech: Clear Unclear, Explain: _____

Highest Education Level: _____ Name of School: _____

Veteran? Yes No Branch of Military: _____ Years: _____

Former Occupation: _____

Clubs/Organizations: _____

Use of Tobacco? Yes No Describe: _____ Use of Alcohol? Yes No Describe: _____

Spiritual Interests/Religious Preferences: _____

Level of importance of spiritual beliefs: High Moderate Minor

Aware of health conditions / diagnosis? _____

What life stories/events are important to you? _____

Level of Participation in Group Activities: _____

When would you prefer to participate in scheduled activities? Morning Afternoon None of these
 Explain: _____

What time do you get up in the morning? _____ Go to bed at night? _____

Do you take naps? Yes No If yes, what time of day and how long? _____

ADL/IADLs - Check the boxes for activities that you are able to do without assistance:

Prepare Meals		Use the telephone		Personal Grooming		Eat without assistance	
Shop for personal items		Do heavy housework		Get dressed		Transfer in/out of bed or chair	
Manage own medications		Do light cleaning		Bathe self		Walking without a person assisting	
Pay bills/manage finances		Transport self (driving)		Use the toilet			

ACTIVITY PURSUIT PATTERN

(P- Past interest; C- Current interest; **Blank**- No interest)

Activity	P	C	Activity	P	C	Activity	P	C	Activity	P	C
Cards			Spiritual Activities			Traveling			Radio/News		
Board Game /Bingo			Reading/Writing			Sewing/ Needlework			Parties/ Social Events		
Arts/crafts			Shopping			Woodworking			Hobbies		
Exercise			Flower Arranging			Pottery /Clay			Pets/ animals		
Talking / Socializing			Watching TV/movies			Helping Others/ Volunteer work			Community Outings		
Music (singing, instruments)			Walking / Being Outdoors			Fixing things/ Mechanic work			Groups/ Organizations		
Outings			Gardening/Plants			Dancing			Other:		

PHYSICAL STATUS

Vision: Good Poor Sees well with glasses Other: _____

Hearing: Good Poor Deaf Uses hearing aid **Hears best in:** Right ear Left ear

Mobility/Ambulation: Independent With assistance Cane Walker
 Wheelchair, manual Motorized wheelchair

Arm Function: **Right:** Full Partial None **Left:** Full Partial None

Hand Function: **Right:** Full Partial None **Left:** Full Partial None

Leg Function: **Right:** Full Partial None **Left:** Full Partial None

Elimination: Continent Incontinent Catheter Colostomy Prompting

COMMUNICATION, COGNITION AND ATTITUDE

Ability to understand others/directions: Always Usually Sometimes Rarely/never

Verbal Ability: Good verbal skills Moderate loss Non-verbal Aphasia
 Speech Impediment Word loss Use of pantomime or other tools

Decision-making ability: Independent Needs assistance when in new situation
 Moderately impaired Severely impaired

Short-term Memory: Good Adequate Poor

Long-term Memory: Good Adequate Poor

Attitude: Enthusiastic Cooperative Cheerful Willing to Try
 Motivated Depressed Uncooperative Withdrawn Apathetic

Attitude towards life and activities in general: Interested Disinterested

Personality- Check the following boxes that are true most of the time:

- Sense of Humor Cooperative Socially Interactive Entertain self/content
- Willing to Participate Willing to try new things Withdrawn/introvert Combative
- Short Attention Span Inappropriate behaviors (ex: _____)
- Other: _____

PERSONAL GOAL STATEMENTS

The one thing I am most interested in learning/doing is: _____

If I could do anything I wanted, whenever I wanted I would: _____

I am the most happy when I am: _____

The one thing of which I am most proud is: _____

INITIAL ACTIVITY GOALS/OBJECTIVES & INTERVENTIONS

1. GOAL/OBJECTIVE: _____

APPROACH/INTERVENTION: _____

2. GOAL/OBJECTIVE: _____

APPROACH/INTERVENTION: _____

Signatures:

Date:

