



Application for Adult Day Program

Tel Hai Retirement Community
P.O. Box 190, Honey Brook, PA 19344

VITAL INFORMATION

Name _____ Street _____
City _____ State _____ Zip _____
Phone _____

SSA# _____ Medicare# _____ Date of Birth _____

CHARACTERISTICS

Sex ____ Height _____ Weight _____ Color of Eyes _____ Color of Hair _____

Identifying Characteristics _____

Language used for Communication _____

EMERGENCY CONTACT

Name _____ Relation _____

Address _____

Phone Numbers: Home _____ Work _____

Cell _____

Name _____ Relation _____

Address _____

Phone Numbers: Home _____ Work _____

Cell _____

MEDICAL SERVICES TO BE PROVIDED

Physician _____ Phone _____

Address _____

Hospital _____ Phone _____

Address _____

Ambulance Co. _____ Phone _____

LIVING ARRANGEMENTS

House _____ Apartment _____ Modular Home _____ Other _____

Length of Time at Present Address

10+ years _____ 5-10 years _____ 1-5 years _____ less than 1 yr _____

MEANS OF TRANSPORTATION (check all which apply)

Private _____ Public _____ Paratransit _____ Other _____

TYPES OF OUTSIDE ASSISTANCE BEING UTILIZED (check all which apply)

____ Office on Aging ____ Veteran's Com ____ MH/MR ____ Meals on Wheels
____ Support Groups ____ Church/Pastor ____ Friend/Neighbor ____ Therapy Services

On a scale of 1-10, 10 being the highest degree please indicate:

____ Stress as a caregiver ____ Need for outside assistance
____ Degree of problems as a caregiver ____ Limitations place on the caregiver

Need for Supervision

May be left alone for: Never _____ 5 minutes or less _____ Half Hour _____ Hour+ _____

LEGAL

Responsible Party (to act on the client's behalf) _____

Address: _____

Legal Representative _____

Durable Power of Attorney _____

Advanced Directives on File: __Yes __No

Client Signature & Date

Director Signature & Date