isabella
a member of MJHS Health System

Adult Day Health Care Program Admission Application

Last Name_______________ First Name_______________ M.I____

Address_______________ City _______ State _____ Zip_______

Phone (_____)_______________ Social Security # _______________

Sex _______ Age______ Date of Birth____/_____/______ Birth of Place _______________

Religion_______________

☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Widowed ☐ Domestic Partner

Primary Language_______________ Do you speak/understand English? ☐ Yes ☐ No

Do you have: Medicaid ☐ Yes ☐ No If Yes, Card #:_______________

Medicare ☐ Yes ☐ No If Yes, Card #:_______________

Other Insurance ☐ Yes ☐ No If Yes, Company:_______________

IN CASE OF EMERGENCY NOTIFY

Name _______________ Relationship_______________

Address_______________ City_______ State _______ Zip_______

Home Phone DAY/EVE (_____)_______________ Business Phone DAY/EVE (_____)_______________

Cell Phone/Beeper _______________

CHILDREN/OTHER INTERESTED PARTIES

Name _______________ Relationship_______________

Address_______________ City_______ State _______ Zip_______

Home Phone DAY/EVE (_____)_______________ Business Phone DAY/EVE (_____)_______________

Cell Phone/Beeper _______________

Name _______________ Relationship_______________

Address_______________ City_______ State _______ Zip_______

Home Phone DAY/EVE (_____)_______________ Business Phone DAY/EVE (_____)_______________

Cell Phone/Beeper _______________

PERSONAL PHYSICIAN/CLINIC

Name _______________ Clinic ID #:_______________

Address_______________ City_______ State _______ Zip_______

Phone (_____)_______________ Fax # (_____)_______________

Are you enrolled in any long term care program at the present time? ☐ Yes ☐ No If Yes, which:_______________

Why do you seek admission to the Adult Day Care program? _______________

____

Referral Source _______________

Applicant Signature_______________ Date _______________

Signature of Person Completing Form_______________ Relationship _______________

NEW YORK STATE AND FEDERAL LAW PROHIBITS DISCRIMINATION BASED ON RACE, COLOR, CREED, BLINDNESS, NATIONAL ORIGIN, SEX OR SPONSOR.