JABA's Adult Care Center

Application Fee: $50.00

APPLICATION

Please complete all questions or write "N/A" if item does not apply. Thank you.

NAME: ________________________ Nickname: ______________ Sex: M___ F___

ADDRESS: ____

____________________ZIP_________________ How long at this address? ________

Directions for getting home from the Center:____________________________________

____

____

List any former addresses you have had:____

____

Please list any current or former JABA Services:_______________________________

____

HOME PHONE #: __________________ COUNTY OF RESIDENCE:____________

DATE OF BIRTH: _______________ AGE: ______ MARITAL STATUS: _________

PLACE OF BIRTH: _______________ RELIGIOUS AFFILIATION: ____________

CURRENT LIVING ARRNGEMENT (alone; with spouse, family, other caregiver):

_____________________________________ HOW LONG? __________________

How long have you lived in the United States?__________________________________

Does your family member use a CANE, WALKER, or WHEELCHAIR?_________

____

DOES THE APPLICANT HAVE AN **ADVANCE DIRECTIVE**? YES ____ NO ____
A VALID "**DNR**" **ORDER**? YES _____ NO _____

DIAGNOSES: ____
Is the applicant aware of his/ her diagnoses? ________

IS FINANCIAL ASSISTANCE NEEDED? YES _____ NO _____ (if 'yes,' please complete and return the enclosed Financial Information Record Form)

Does the applicant have long-term care insurance?________________

Is applicant a veteran? _____ If yes, what branch of service? __________
Are you interested in pursuing VA coverage for adult daycare services? __________
Has the veteran served during war time? ________

Are you interested in attending the Center full day or half day?________________________

Transportation to the Center (Family, JAUNT or other):________________________________
(If families are scheduling JAUNT, our policy is pick-ups scheduled no later than 4pm from the Center.)

Does the applicant currently drive?____
Previous occupation(s): ________________________________ How long? ________________
Organizations with which affiliated: ____
Hobbies or Interests:____
Other community support services being received:____
Does your family member have a criminal history? If so, please explain:____________________
____

Local social service department or other agency (if applicable):____________________________
Name of Caseworker: ___________________________Phone #:__________________________
Address:____

Would you like for JABA to place you on their mailing list to survey for donations from the development department? ________YES ________NO

BILLING NAME, ADDRESS, & CONTACT #:___________________________________
____

EMERGENCY INFORMATION (two contacts must be given)

Name:________________________________
Relation:_____________________________
Home Address:_________________________
____
(H) Phone #:__________________________
Employer's Name:______________________
Work Address: ________________________
(W) Phone #:__________________________
(Cell) Phone #:________________________

Name:________________________________
Relation:_____________________________
Home Address:_________________________
____
(H) Phone #:__________________________
Employer's Name:______________________
Work Address:_________________________
(W) Phone #:__________________________
(Cell) Phone #:________________________

Hospital preference: ____________________
Physician:____________________________
Dentist:______________________________
Medicare #:___________________________

Insurance:____________________________
Phone #:______________________________
Phone #:______________________________
Medicaid #:___________________________

WAIVER: In case of illness or emergency, I give permission for JABA's Adult Care Center personnel to obtain qualified medical assistance, including: ambulance service, hospital and physician, for the member listed on this application. <u>If the member has a Do Not Resuscitate Order (DNR), please provide JABA ACC with a copy.</u>

Signature:_____________________________ Date:______________________________
Relationship to the applicant:____