Eighth Street Community – Adult Day Program

PARTICIPANT APPLICATION

Please complete all fields. Submission of this application does **not** guarantee enrollment but is required for processing. Attach the following items and submit to:

Eighth Street Community
305 8th Street
Huntsville, Alabama 35805
Email: **Susan@3058thstreet.org**

Required Attachments:

- **Recent state-issued identification**
- Copy of medical insurance card(s)

APPLICANT INFORMATION

Applicant Name:
Last _____ First _____ Middle _____

Current Address:
Street _____
City _____ State _____ Zip _____ County _____

Mailing Address (if different):
Street _____
City _____ State _____ Zip _____ County _____

Telephone #: _____

Social Security #: _____

How did you hear about our program?

DESCRIPTION OF INDIVIDUAL

Date of Birth: _____

Religious Preference: _____

Marital Status: _____ **Sex:** _____ **Race:** _____

Eye Color: _____ **Hair Color:** _____

Height: _____ **Weight:** _____

Identifying marks or tattoos: _____

Primary Language: _____

Insurance Information

Insurance Type	Name of Company	Policy Holder	Group#	Policy Number
Health / Medical (1)				
Health / Medical (2)				

Allergies:

RESPONSIBLE PARTY / CUSTODIAN

Name: _____

Relationship: _____

Custodian or Legal Guardian: YES ____ NO ____

Address: _____

Phone: _____**Email:** _____

DEVELOPMENTAL INFORMATION

Is the participant ambulatory without assistive devices? _____

Toileting

	Yes	No
Toilet trained	☐	☐
Wets pants	☐	☐
Soils pants	☐	☐
Indicates need to use restroom	☐	☐
Uses diapers	☐	☐

Feeding

	Yes	No
Adequate table manners	☐	☐
Feeds self with fork	☐	☐
Feeds self with spoon	☐	☐
Uses knife to cut food	☐	☐
Drinks from glass/open cup	☐	☐
Uses hands only to eat	☐	☐

Hygiene Abilities & Skills

	Yes	No
Wash hands and face	☐	☐
Brush teeth	☐	☐
Shave	☐	☐
Comb hair	☐	☐
Answer phone	☐	☐
Determine common dangers	☐	☐
Dress self	☐	☐

BEHAVIORAL INFORMATION

	YES (Explain)	NO
Physically aggressive	☐	☐
Self-harm	☐	☐
Temper tantrums	☐	☐
Stimming	☐	☐
Sexual behaviors	☐	☐
Compulsions / intrusive thoughts	☐	☐
Destroys property	☐	☐
Drug/alcohol abuse	☐	☐
Sensory aversions	☐	☐

Explain any behavior marked "YES":

Other behavioral concerns:

CRIMINAL STATUS

Please describe any interactions with law enforcement, including pending cases, welfare checks, or calls made on the applicant's behalf:

RECREATIONAL INTERESTS **(Video games, board games, puzzles, knitting, art, etc…)**

MEDICAL INFORMATION

Diagnoses

1._____ 2._____

3._____ 4._____

Summarize Condition(s)

_____

_____

_____

_____

_____

Current Medications

Medication Dosage Reason

1.
2.
3.
4.
5.

_____

Allergies (List any medication, food or other allergies)

_____

_____

PHYSICIAN Information

Primary Care Provider

Name _____
Phone _____
Address _____

Specialized Care Provider

Name _____
Phone _____
Address _____

Specialized Care Provider

Name _____
Phone _____
Address _____

Additional information you would like to share. (special events or episodes, triggers, etc…)

_____
_____
_____
_____

FOR OFFICE USE ONLY

Date of Enrollment:
Date of Admission:
Date of Discharge: