

Participant Application

* Required

1. Email address *

Applicant General Information

2. Full Name *

3. Preferred name to be called *

4. Address (Street, City, State, Zip Code) *

5. Phone Number *

Applicant Personal Information

6. Medicare Number *

7. Birth Date *

Example: December 15, 2012

8. Height *

9. **Weight ***

10. **Sex ***

Mark only one oval.

Male

Female

Program Preferences

11. **Preferred Days at Keystone ***

Check all that apply.

Monday

Tuesday

Wednesday

Thursday

Friday

Primary Caregiver or Responsible Person Information

12. **Name ***

13. **Relationship to Applicant ***

14. **Address (Street, City, State, Zip) ***

15. **Home Phone ***

16. **Place of Employment ***

17. **Work Hours ***

18. **Work Phone ***

19. **Cell Phone ***

20. **Other Phone**

21. **Does the primary caregiver live with the applicant? ***

Mark only one oval.

Yes

No

22. **If no, what are the living arrangements for the applicant? ***

Check all that apply.

Lives alone

Spouse

Other relative

Hired caregiver

Other: _____

23. **Does the primary caregiver attend a support group? ***

Mark only one oval.

Yes

No

24. **What are your goals for Keystone Adult Day Program? ***

Check all that apply.

- Socialization
- Stimulation
- Family Relief
- Supervision

25. **How do you prefer to receive your bill? ***

Check all that apply.

- Email
- US Postal
- Pick up at Keystone

26. **Billing Address (if different from above address)**

27. **Billing Email ***

28. **How did you find out about Keystone Adult Day Program? ***

Advance Directives

29. **Please check the following: ***

Check all that apply.

- Power of Attorney
- Living Will
- Do Not Resuscitate

30. **Power or Attorney's Name ***

Emergency Contacts and Persons Authorized to Transport Applicant (other than primary caregiver listed in section 4)

31. **Name ***

32. **Relationship to Applicant ***

33. **Address (Street, City, State, Zip) ***

34. **Home Phone**

35. **Place of employment ***

36. **Work Hours ***

37. **Work Phone ***

38. **Cell Phone ***

39. **Email ***

40. **Name**

41. **Relationship to Applicant**

42. **Address (Street, City, State, Zip)**

43. **Home Phone**

44. **Place of employment**

45. **Work Hours**

46. **Work Phone**

47. **Cell Phone**

48. **Email**

Medical Preferences

49. **Primary Physician Name ***

50. **Primary Physician Address (Street, City, State, Zip) ***

51. **Primary Physician Phone ***

52. **Preferred Hospital ***

Safe Return Information/Project Lifesaver

53. **Is the applicant registered in the National Program for Possible Wanderers?**

Check all that apply.

Yes- Safe Return

Yes- PLS

No

54. **If yes, please provide registration number.**

Applicant Assessment

55. **Has there been a recent change in weight? ***

Check all that apply.

Weight Loss

Weight Gain

56. **If so, how many pounds and over what period of time?**

57. **Does the applicant have any drug allergies? If yes, which drugs and what kind of reactions? ***

58. **Does the applicant have any food allergies? If yes, what foods and what kind of reactions? ***

59. **Is the applicant left or right-handed? ***

Mark only one oval.

- Left-handed
 Right-handed

60. **Hearing Impairment in right ear? ***

Check all that apply.

- No hearing loss
 Some hearing loss
 Complete hearing loss
 Hearing aid
 Refuses to wear aid

61. **Hearing Impairment in left ear? ***

Check all that apply.

- No hearing loss
 Some hearing loss
 Complete hearing loss
 Hearing aid
 Refuses to wear aid

62. **Visual Impairment in right eye? ***

Check all that apply.

- No impairment
 Cataracts
 Implants
 Other: _____

63. **Visual Impairment in left eye? ***

Check all that apply.

- No impairment
 Cataracts
 Implants
 Other: _____

64. **Does the applicant wear glasses? ***

Mark only one oval.

Yes

No

65. **Dentures ***

Mark only one oval.

Yes

No

66. **Upper Dentures**

Check all that apply.

Full

Partial

No teeth

Removable bridge

67. **Lower Dentures**

Check all that apply.

Full

Partial

No teeth

Removable bridge

Describe how well you think the applicant functions in the following areas:

68. **The applicant is steady on their feet. ***

Mark only one oval.

1 2 3 4 5

Feeble, falls often.

Steady, moves easily.

69. **The applicant moves independently. ***

Mark only one oval.

1 2 3 4 5

Needs help to walk.

Doesn't need help to walk.

70. **The applicant eats: ***

Check all that apply.

- Without help
- Needs to be prompted to eat
- With some help

71. **Does the applicant have problems swallowing food? ***

Check all that apply.

- Yes
- No

72. **Does the applicant store food in their mouth? ***

Mark only one oval.

- Yes
- No

73. **Does the applicant have a special diet? ***

Mark only one oval.

- No extra sugar
- No extra salt
- No special diet

74. **The applicants appetite is: ***

Mark only one oval.

- Good
- Poor
- Eats too quickly

75. **Incontinence of bladder ***

Mark only one oval.

- Yes
- No
- Yes, only nighttime

76. **Incontinence of bowel ***

Mark only one oval.

- Yes
- No
- Yes, only nighttime

77. Products used in the daytime *

Check all that apply.

- Nothing
- Panty Liners
- Pads
- Adult Diapers
- Other: _____

78. Help required to use the restroom? *

Check all that apply.

- No help required
- Reminders to use the restroom
- Physical assistance
- Supervision
- Hygiene
- Diapers

79. Please check all of the following that apply. *

Check all that apply.

- Difficulty communicating wants and needs
- Difficulty completing sentences
- Sentences do not make sense
- Difficulty naming people
- Difficulty concentrating on a task or activity
- Takes little or no interest in activities and will not start them by themselves
- Often asks the same questions over and over again
- Loses or misplaces objects
- Has difficulty following simple directions
- Hoards objects
- Cannot be left alone, must be supervised
- Demands constant attention and will not let you out of sight
- Talks to people they don't know
- Denies or seems unaware that anything is wrong
- Reports seeing or hearing things that are not there
- Frequently appears depressed or withdrawn

80. **Wanderer's bracelet? ***

Mark only one oval.

- No
- Safe Return Bracelet
- Project Life Saver Bracelet

81. **Does the applicant become verbally abusive? If yes, please explain. ***

82. **Does the applicant become combative? If yes, please explain. ***

83. **Does the applicant become anxious? If yes, please explain. ***

84. **Does the applicant become agitated? If yes, please explain. ***

85. **Does the applicant engage in embarrassing or socially inappropriate behavior? If yes, please explain. ***

86. **Does the applicant engage in behavior that is potentially dangerous to self or others? If yes, please explain. ***

87. **Please list any other behavior of which you are aware.**

88. **What was the personality of the applicant before the onset of illness? ***

89. **What is the current personality of the applicant? ***

90. **How does the applicant relate to others? ***

Check all that apply.

- Outgoing
- Involved
- Social
- Loner

91. **What name(s) does the applicant most remember? What relation are they to the applicant? ***

92. **What was the applicants previous occupation? Where did they work? ***

93. **Please describe any specific interests the applicant may have. A few examples include listening to music, sports, or reading. ***

94. **How does the applicant currently spend their days?**

General Applicant Date

The following section is optional and is for statistical purposes only. None of the following information will be used for consideration of acceptance to Keystone Adult Day Program.

95. Gender

Mark only one oval.

- Male
- Female
- Other: _____

96. Place of birth

97. Ethnic Background

Mark only one oval.

- Option 1

98. Languages Spoken

Check all that apply.

- English
- Other: _____

99. Religion

100. Is the applicant a veteran?

Mark only one oval.

- Yes
- No

101. What is the applicant's highest level of education?

Mark only one oval.

- Jr. High School
- High School
- Some College
- Bachelor's Degree
- Graduate
- Post-graduate/Doctoral

102. **Marital Status**

Mark only one oval.

- Single
- Married
- Divorced
- Separated
- Widowed

103. **If widowed, how did they adjust?**

Other Information

104. **Is there anything else that you think we should know about the applicant?**

Signature

105. **I acknowledge that the above mentioned information is true to the best of my knowledge. ***

Check all that apply.

- Yes

106. **By typing my name, I authorize this as my electronic signature.**

107. **Today's date. ***

Example: December 15, 2012

- Send me a copy of my responses.

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