**Participants Application**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PARTICIPANT'S PERSONAL INFORMATION**  |
| Name: Last First Middle | Phone: |
| Address:  | Address: |
| DOB: | Age: | Marital Status: | City: | State: | Zip: |
| Social Security Number: | Religion: |
| Previous Occupation: | Years Retired: |
| Email address  |
| **PERSON TO CONTACT IN CASE OF AN EMERGENCY** |
| Name | Relationship | Address | Phone |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| **FINANCIAL INFORMATION** |
| Monthly Income: | Sources of monthly income: |
| Primary Health Insurance Provider: |
| Address: | City: | State: | Zip: |
| Phone: | Policy #: | Group #: |
| Secondary Health Insurance Provider: |
| Address: | City: | State: | Zip: |
| Phone: | Policy #: | Group #: |
| Third Health Insurance Provider: |
| Address: | City: | State: | Zip: |
| Phone: | Policy #: | Group #: |
| **DAILY TRANSPORTATION TO AND FROM MARGARETS PLACE** |
| \_\_\_\_\_\_ Family or participant will provide \_\_\_\_\_ Needs assistance with transportation  |
| Notes: *THIS SPACE FOR OFFICE USE ONLY* |

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| **SCHEDULE PREFERRED** |
| Day Of Week | Full Time 8am-6pm | Part Time AM 8am-1pm | Part Time PM 1pm-6pm |
| Monday |  |  |  |
| Tuesday  |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |

**PARTICIPANT’S PHYSICAL FUNCTIONING (Check appropriate description)**

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| **Ambulation/Walking ability:** \_\_\_\_\_ Unassisted \_\_\_\_\_ Needs assistance |
| **Appliance Used** |  \_\_\_Cane  | \_\_\_ Walker | \_\_\_ Crutches | \_\_\_ Wheelchair | OTHER: |
| **Vision** | \_\_\_\_ Good | \_\_\_\_ Wears glasses | \_\_\_ Contacts | \_\_\_ Limited | \_\_\_ Blind | Notes: |
| **Hearing** | \_\_\_\_ Good | \_\_\_\_ Wears hearing aid in \_\_\_ Right ear \_\_\_ Left ear \_\_\_ Both ears | \_\_\_\_ Hard of hearing |
| **Assistance needed in the following areas:** |
| \_\_\_\_\_\_ Walking | \_\_\_\_\_\_ Toileting | \_\_\_\_\_\_ Feeding | \_\_\_\_\_\_ Reasoning | \_\_\_\_\_\_ No assistance needed |
| \_\_\_\_\_\_ Other (describe):  |
| **MENTAL FUNCTIONING** |
| \_\_\_\_ Alert | \_\_\_\_\_\_ Confused | \_\_\_\_\_\_ Forgetful | \_\_\_\_\_\_ Periods of Confusion |
| Briefly describe applicant’s mental status: |
| **SOCIAL AND EMOTIONAL FUNCTIONING** |
| Describe how the participant relates to other people: |
| Activities preferred (including special interests, skills and hobbies – past and present) |