**Participants Application**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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* | | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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) | | | | | | | | | | | | | | | | | | | | |