Application for Admission: Adult Day Care

Community Village

An assisted living home for Seniors where God's love makes the difference.

Name ______________________________ Date ______________

Phone ______________________ Age __________ Date of Birth ______________

Address ______________________________ City/St/Zip ______________________

Social Security Number ______________________________

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

Name of Spouse ______________________________ Phone ______________

Living Arrangement: ☐ Alone ☐ Alone with Home Health Aide ☐ With Family ☐ With Spouse ☐ Other

Family or Caregiver

Name ______________________________ **Relationship** ______________

Phone (primary) ______________________ Phone (secondary) ______________________

Address ______________________________ City/St/Zip ______________________

Name ______________________________ **Relationship** ______________

Phone (primary) ______________________ Phone (secondary) ______________________

Address ______________________________ City/St/Zip ______________________

Medical Information

Name of Physician ______________________________ Phone ______________

Address ______________________________ City/St/Zip ______________________

Advanced Directive - Patient Advocate ______________________________

Health Insurance:

Group Number ______________________ Service Code ______________________

Contract Number ______________________ Plan Code ______________________

Medicare Number ______________________ Effective Date ______________________

Medicaid ID Number ______________________ Medicaid Case Number ______________________

Special Diet Information ______________________________

Community Village | www.communityvillage.org | 989.792.5442
3200 Hospital Road • PO Box 6518 • Saginaw, MI 48608

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Financial Responsibility

I, ________________________________, agree to pay in full the adult day care expenses for ________________________________.

Signature	Date	Printed Name

Release of Information

This agreement made this _______ day of ____________________, 20____ between the City Rescue Mission of Saginaw, a corporation, organized and existing under the laws of the State of Michigan, hereinafter sometimes called "the Adult Day Care Provider" and ____________________________________ sometimes hereinafter called "Participant".

In consideration of the mutual agreement contained herein, the parties consent to the following:

- The Participant authorizes any physician who has treated the undersigned Participant to disclose any medical information or treatment to the Day Care Provider concerning the Participant. This authorization shall continue until revoked in writing.
- Community Village does not discriminate on the basis of race, religion, color, national origin, sex, age, handicap, marital status, or sexual orientation.

Signatures

Day Care Participant	Date	Printed Name
Day Care Supervisor	Date	Printed Name
Caregiver Signature	Date	Printed Name

Where/how did you hear about Community Village? ____

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