Country Style
Adult Day Care

Admission

Name: ______________________________ Date: __________________

What assistance is required in the following areas?

- ☐ Walking, standing. *Notes:* ____________________________________
- ☐ Using the restroom. *Notes:* ____________________________________
- ☐ Bathing. *Notes:* ____________________________________
- ☐ Eating. *Notes:* ____________________________________

Specific dietary requirements

- ☐ Regular diet. *Notes:* ____________________________________
- ☐ Low sodium. *Notes:* ____________________________________
- ☐ Diabetic. *Notes:* ____________________________________
- ☐ Other. *Notes:* ____________________________________

Current Medications

Dose	Time of Day Taken	AM PM Both

Is supervision/help required with medications? If yes, please explain:

____

Country Style
Adult Day Care

Admission

Name: ______________________________ Date: ___________________

Requested starting date: *please circle day and write date*
_______________________________ Mon. Tues. Wed. Thurs. Fri.
Transported by & relationship to driver:
____
____

Transportation assistance required:
____
What additional special needs does the applicant have?: (*ie. needs socialization, supervision, etc.)*
____
____
____

Contact information of individual or agency responsible for payment of CSADC services:

Name:
____
Address:
____
____
Phone Number:
____
Applicant signature:
____

Signature of whomever is completing this form:
____