



St. Ann's Adult Day Services ENROLLMENT APPLICATION

Any adult (21 years or older) who is appropriate for St. Ann's Adult Day Care will be evaluated for enrollment regardless of age, race, religion, color, disability, blindness, marital status, national origin, sex, sexual preference, sponsor, or payment source. All applicants will need to be approved by the Admission Team and/or your Health Care Provider.

APPLICATION DEMOGRAPHICS

Last Name: _____ First Name: _____ Middle Initial: _____.

Street Address: _____.

City: _____ State: _____ Zip Code: _____.

Date of Birth: _____ Social Security Number: _____ Gender: M F

Home Phone: _____ Cell#: _____ Email address: _____.

New York State Resident?: Yes No If not, State of residence: _____.

US Citizen: Yes No If not, country of origin: _____ Permanent Visa? Yes No

Marital Status: Single Married Divorced Widowed Other _____.

Race: White Black Latino Asian Other _____.

Religion: Christian Jewish Muslim Hindu Other _____.

Language: English Spanish Italian ASL Other _____.

Medical Program: What days would you like to attend program:
Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Social Program: What days would you like to attend program:
Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Which program are you applying to: Home Connection Durand

*Submitting an application does not guarantee enrollment, nor does it mean that an applicant will be automatically placed on a waiting list. Placement is only offered after an application is fully reviewed by the Admissions Team and is approved for enrollment. In order to attend a medical program, your primary physician needs to be in agreement.



ST. ANN'S
COMMUNITY
Full of Life

Caring for the most important people on earth

PERSONS TO NOTIFY IN CASE OF AN EMERGENCY

PRIMARY CONTACT:

Power of Attorney Health Care Proxy

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

SECONDARY CONTACT:

Power of Attorney Health Care Proxy

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

MEDICAL HISTORY

(Please submit signed Release of Information in addition to application)

Primary Care Physician:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

Enrollment Diagnosis: _____

Preferred Hospital: _____

ADVANCE DIRECTIVES

(Please provide copies of all advance directives)

Health Care Proxy: Yes No

Living Will: Yes No

DNR (Do Not Resuscitate): Yes No

MOLST: Yes No

DNI (Do Not Intubate): Yes No

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PAYER SOURCE INFORMATION

(Please submit copies of all insurance cards with application)

Medicare	# _____	Part A <input type="checkbox"/> Part B <input type="checkbox"/>
Medicaid	# _____	
LTHHC	# _____	Company: _____
VA	# _____	
MLTC Plan	# _____	Company: _____
Monroe Plan / Excellus Blue Choice Option	# _____	
MVP/Blue Choice Senior	# _____	
Other Insurance	# _____	Company: _____

FINANCIAL REPRESENTATIVE
(Please provide copies of Power of Attorney Forms)

Name of Power of Attorney: _____

Relationship: _____

Phone Number: _____

LIVING SITUATION PRIOR TO APPLICATION

Lives Alone? Yes No Lives with Others?: Spouse Child
Other _____.

Type of Dwelling: Home Apartment One Story Two Story Stairs If yes, how many? _____

Frequent Falls? Yes No Date of last fall? _____ Number of falls in last 3 months? ____

Assistance Required? Housekeeping Meal Preparation Laundry Transportation

Medical Equipment: Cane Walker Wheelchair Oxygen Other _____.

Community Agency Care? Yes No If Yes, name of agency: _____

Agency Rep: _____ Phone #: _____

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**HOW DID YOU HEAR ABOUT ST. ANN'S
ADULT DAY SERVICES?**

Television

Newspaper

Internet

St. Ann's Staff

Family Member

Physician

Friend

Reputation

APPLICATION COMPLETED BY:

Print Full Name _____

Signature

Relationship

Date

Thank you for seeking our services!

Mission Statement

St. Ann's Community promotes the highest levels of independence, and physical and spiritual well-being of older adults in the Catholic tradition of excellence in care and services.

Vision Statement

St. Ann's Community will be the provider and employer of choice for comprehensive care, housing, and services for older adults.

(10/2016, 02/20/2020, 7/2021)

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