ADULT DAY CARE
DOTHAN & ENTERPRISE

APPLICATION FOR ADULT DAY CARE SERVICES

Name: _____ **County:** _____

Resident Address:_____

SSN: _____ - ____ - _____ **Date of Birth:** _____ **Race:** _____ **Sex:**_____

Phone Number: _____

ELIGIBILITY FOR ADULT DAYCARE SERVICES

Is the applicant at risk of Abuse, Neglect or Exploitation? (Yes or No) _____
Is the applicant at risk of Institutionalization? (Yes or No) _____
MARKING "NO" TO EITHER QUESTION ABOVE MAKES THE APPLICANT INELIGIBLE TO RECEIVE ADULT DAY CARE SERVICES.

HEALTH INSURANCE INFORMATION

Does the applicant have health insurance other than Medicaid? (Yes or No) _____
If Yes,

- **Policy Holders Name:** _____ **Contract/Policy Number:** _____
- **Name of Insurance Company:** _____
- **Address of Insurance Company:** _____

FINANCIAL ASSESSMENT

Are you a Medicaid recipient? (Yes or No) _____
If you do not receive Medicaid, what is your monthly income? $_____

APPLICANT CERTIFICATION

I request that WRC Adult Day Care provide services for me. I certify that I am currently residing in Alabama in _____ County and the information herein is a true and complete statement of facts according to the best of my knowledge. I agree to let my Adult Day Care Center (Dothan or Enterprise) know of any changes that occur in my address, income or membership in my family, or any changes in which I originally needed the service. I understand that if I deliberately give false or incomplete information or fail to report changes in the information received on this form, such misrepresentation is subject to possibility of prosecution for fraud. I authorize WRC Adult Day Care to verify that the information on this form is correct. If services are approved, WRC Adult Day Care is given permission to obtain information to assess my continued eligibility for services.

Signature: _____ **Date:**_____

RELEASE OF INFORMATION

I _____ **CONSENT/DO NOT CONSENT** (circle one) to the release of information from my case record to other agencies/individuals to whom I may be referred to for services.

Signature: _____ **Date:**_____

*If the applicant is different than the individual(s) filling out this application, please fill out the information in the space provided.
Full Name: _____
Title/Relationship to Applicant: _____
Home Address: _____
Phone Number: _____
Email: _____