



All Generations Adult Day Center

2061 Exchange Drive, St. Charles, Mo 63303 Phone: 636-410-8303 Fax: 636-410-7707

OUR MISSION

The overall mission of All Generations Adult Day Center (ADC), is to provide quality day care services for frail and or cognitively impaired adults, through recreational, social, and therapeutic activities, in an effort to build relationships and enrich the lives of all generations.

ADMISSION AGREEMENT

Upon completion of the attached forms and admission to the program, there will be a 2 week evaluation period during which there will be assessments performed to determine the appropriateness of the Center’s program for the participant. If at any time during this period the participant’s needs are not met, or his/her behavior is not conducive to the program, the participant or the Center can terminate the agreement. Following this evaluation period in the event of an abrupt change in health/behavior of the participant the Center will give a two-week notice to the caregiver prior to terminating the agreement. In the case of an on-site behavioral emergency situation, the dismissal may be immediate.

During the period of evaluation and throughout the period of participation at the Center, we ask that a regular schedule be maintained to assure 1) proper staffing, 2) appropriately planned activities, and 3) adequate transportation. If for some reason you are unable to participate on a scheduled day, we ask that you notify the Center by 7:00 a.m., or you will be billed for the day. Late Pick-up will be charged \$1.00 per minute. We **must** be notified of changes in medicine, social, environment, behavior or other pertinent matters, so as to better assist the participant.

Regarding a medical emergency, we will resuscitate a participant to the best of our ability and transport to a hospital for the family physician to make a final decision unless given specific notarized directives to the contrary. Every six months, a physician’s review is required by the Missouri Department of Health and Senior Services Adult Day Care Program.

Participant

Responsible Party

Rate \$ _____ Van _____ Date Signed _____ Start Date _____



All Generations Adult Day Center

2061 Exchange Drive, St. Charles, Mo 63303 Phone: 636-410-8303 Fax: 636-410-7707

Participant Application

Applicant Name _____

First

Last

Middle

Address _____

Street

City

State

Zip

Phone _____ Social Security # ____ - ____ - ____ Religion _____

Sex (circle) M F Age ____ Date of Birth ____ / ____ / ____ Place of Birth (city/state)

Marital Status (circle) Married Single Divorced Widowed Name of spouse (if living):

With whom does applicant live? _____

Relationship _____

Alternate emergency contact _____ Phone _____

Address _____

(Street/Apt.)

(City)

(State)

(Zip)

Applicant Health History

List any major operations, chronic illnesses, and medical conditions

Personal Physician _____ Phone _____

Address _____

(Street/Apt.)

(City)

(State)

(Zip)

Preferred hospital

Pharmacy _____ Phone _____

Medicare/Insurance Information Part A Claim # _____

Part B Claim # _____ Medicaid insurance # _____

Other insurance # _____



All Generations Adult Day Center

2061 Exchange Drive, St. Charles, Mo 63303 Phone: 636-410-8303 Fax: 636-410-7707

Name _____

What assistance is required in the following areas?

Walking, Standing

Explain _____

Toileting

Explain _____

Bathing

Explain _____

Eating

Explain _____

Dietary Requirements Regular diet Low sodium Diabetic Other

Explain _____

Medication	Dosage	Time Given

Is supervision or help required with medications? (circle) Yes No Explain (if yes)

Requested starting date _____ or DROP-IN ONLY ___YES___NO

Days: (circle) Monday Tuesday Wednesday Thursday Friday

Hours from/to: ___to___ ___to___ ___to___ ___to___ ___to___

Transported by: (circle) Day Care Center Family Other _____

Transportation assistance required:

What additional special needs does the applicant have? (i.e., need for socialization, supervision, etc.) _____

Name, address, and phone number of individual or agency responsible for payment of adult day care services

Name _____ Phone _____

Address _____

(Street) (City) (State) (Zip)



All Generations Adult Day Center

2061 Exchange Drive, St. Charles, Mo 63303 Phone: 636-410-8303 Fax: 636-410-7707

Applicant signature _____ Date _____

Signature of person completing this form _____

Relationship _____