

**DayStay HBC, Inc.**  
**Application for Enrollment**  
Part One

Applicant's full name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Gender: M F

Address: \_\_\_\_\_

Billing Address if different: \_\_\_\_\_

Telephone: \_\_\_\_\_

Social Security No. \_\_\_\_\_

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Information about applicant:

Why are you interested in coming to this program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you find out about DayStay? \_\_\_\_\_  
\_\_\_\_\_

Have you had previous experience in an Adult Day Program? Yes \_\_\_ No \_\_\_

If yes, please note when and where? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Marital Status: \_\_\_ married \_\_\_ Single \_\_\_ widowed \_\_\_ separated \_\_\_ divorced

Present Living Arrangements: \_\_\_ with relative's \_\_\_ with non relative's \_\_\_ by self in home or apartment

If applicable living with whom? \_\_\_\_\_

Relationship: \_\_\_\_\_

Nearest responsible relative: \_\_\_\_\_ Relationship \_\_\_\_\_

If employed where? \_\_\_\_\_ Bus. telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Care Information

Part Two of DayStay HBC, Inc. Application for Enrollment

Please list the names of two persons who may be contacted in case of emergency:

(1) \_\_\_\_\_  
Name relation to applicant  
\_\_\_\_\_  
Address daytime telephone number

(2) \_\_\_\_\_  
Name relation to applicant  
\_\_\_\_\_  
Address daytime telephone number

Name of Physician who will see you on request: \_\_\_\_\_

Telephone \_\_\_\_\_

Name of Dentist who will see you on request: \_\_\_\_\_

Telephone \_\_\_\_\_

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Services and personal requirements

Transportation will be provided by \_\_\_\_\_  
Transportation to and from facility will be provided by: \_\_\_\_\_  
\_\_\_\_\_

Normal arrival Time: \_\_\_\_\_ Departure time: \_\_\_\_\_

Do you have special dietary needs? If so, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Days of Attendance: Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_