



## Participants Application

Date: \_\_\_\_\_

PARTICIPANT'S PERSONAL INFORMATION					
Name: Last		First		Phone:	
Middle					
Address:			Address:		
DOB:	Age:	Marital Status:	City:	State:	Zip:
Social Security Number:			Religion:		
Previous Occupation:				Years Retired:	
Email address					
PERSON TO CONTACT IN CASE OF AN EMERGENCY					
Name		Relationship		Address	
Phone					
1.					
2.					
3.					
FINANCIAL INFORMATION					
Monthly Income:		Sources of monthly income:			
Primary Health Insurance Provider:					
Address:		City:		State:	
Zip:					
Phone:		Policy #:		Group #:	
Secondary Health Insurance Provider:					
Address:		City:		State:	
Zip:					
Phone:		Policy #:		Group #:	
Third Health Insurance Provider:					
Address:		City:		State:	
Zip:					
Phone:		Policy #:		Group #:	
DAILY TRANSPORTATION TO AND FROM MARGARETS PLACE					
_____ Family or participant will provide			_____ Needs assistance with transportation		
Notes:					
<i>THIS SPACE FOR OFFICE USE ONLY</i>					

SCHEDULE PREFERRED			
Day Of Week	Full Time 8am-6pm	Part Time AM 8am-1pm	Part Time PM 1pm-6pm



Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

**PARTICIPANT'S PHYSICAL FUNCTIONING (Check appropriate description)**

<b>Ambulation/Walking ability:</b> _____ Unassisted _____ Needs assistance						
<b>Appliance Used</b>	_____ Cane	_____ Walker	_____ Crutches	_____ Wheelchair	OTHER:	
<b>Vision</b>	_____ Good	_____ Wears glasses	_____ Contacts	_____ Limited	_____ Blind	Notes:
<b>Hearing</b>	_____ Good	_____ Wears hearing aid in _____ Right ear _____ Left ear _____ Both ears		_____ Hard of hearing		
<b>Assistance needed in the following areas:</b>						
_____ Walking	_____ Toileting	_____ Feeding	_____ Reasoning	_____ No assistance needed		
_____ Other (describe):						
<b>MENTAL FUNCTIONING</b>						
_____ Alert	_____ Confused	_____ Forgetful	_____ Periods of Confusion			
Briefly describe applicant's mental status:						
<b>SOCIAL AND EMOTIONAL FUNCTIONING</b>						
Describe how the participant relates to other people:						
Activities preferred (including special interests, skills and hobbies – past and present)						