



## Participants Application

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

PARTICIPANT'S PERSONAL INFORMATION					
Name: Last                      First Middle			Phone:		
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					
1.	Name	Relationship	Address	Phone	
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 #:	
GUARDIANSHIP PAPERWORK					
Does this participant have a court order guardian? YES    NO					
If yes, Name?				Phone:	
DPOA? YES    NO		Name:		Phone	
Please provide a copy of all DPOA or Guardianship paperwork.					
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>					



<b>SCHEDULE PREFERRED</b>			
Day Of Week	Full Time 8am-6pm	Part Time hours	
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

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

<b>Ambulation/Walking ability:</b>		Unassisted		Needs assistance	
<b>Appliance Used</b>	<input type="checkbox"/> Cane	<input type="checkbox"/> Walker	<input type="checkbox"/> Crutches	<input type="checkbox"/> Wheelchair	OTHER:
<b>Vision</b>	<input type="checkbox"/> Good	<input type="checkbox"/> Wears glasses	<input type="checkbox"/> Contacts	<input type="checkbox"/> Limited	<input type="checkbox"/> Blind
<b>Hearing</b>	<input type="checkbox"/> Good	<input type="checkbox"/> Wears hearing aid in	<input type="checkbox"/> Right ear	<input type="checkbox"/> Left ear	<input type="checkbox"/> Both ears
<b>Assistance needed in the following areas:</b>					
<input type="checkbox"/> Walking	<input type="checkbox"/> Toileting	<input type="checkbox"/> Feeding	<input type="checkbox"/> Reasoning	<input type="checkbox"/> No assistance needed	
<input type="checkbox"/> Other (describe):					
<b>MENTAL FUNCTIONING</b>					
<input type="checkbox"/> Alert	<input type="checkbox"/> Confused	<input type="checkbox"/> Forgetful	<input type="checkbox"/> 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)					