



Felician Adult Day Center
 1333 Enfield Street
 Enfield, CT 06082
 860-745-2542 Phone
 860-745-2542 Fax
info@felicianadultdaycare.org

APPLICATION

Date ____/____/____

Name of Applicant _____ S.S. # _____ - _____ - _____

Home Address _____ City _____ State _____

Zip _____ Telephone (_____) _____ - _____ Age ____ Date of Birth ____/____/____

Previous Occupation _____ Medicare # _____

Other Insurance _____ Policy # _____

Personal Physician _____ Telephone (_____) _____ - _____

Primary Caregiver _____ Relationship _____

Address in Full _____ Telephone (_____) _____ - _____

Work (_____) _____ - _____ Cell (_____) _____ - _____

Living Arrangements

Please describe the current living situation of the Applicant; does he/she live alone, with a spouse, with other family members, in a personal care home, or in an assisted living or retirement community? _____

Transportation (circle one)

F.A.D.C. Van Family Car Dial-a-ride Town Van _____

Attendance

Number of days attending FADC _____ (minimum of two days, maximum of five days)

Emergency Contacts (Other Than Primary Caregiver)

1. Name _____ Relationship _____

Address _____ Telephone (_____) _____ - _____

2. Name _____ Relationship _____

Address _____ Telephone (_____) _____ - _____

APPLICATION

Legal Status

Is Applicant own guardian? Yes ___ No ___ **If NO**, please provide the following:

Name of Guardian _____ Telephone (_____)_____ - _____

Address _____

Does someone have Power of Attorney? Yes ___ No ___

Name of P.O.A. _____

Address _____

Telephone (_____)_____ - _____

Is the applicant competent and mentally capable to manage own personal and financial affairs?

Yes ___ No ___

If NO, give the name and signature of the person assuming responsibility for administering the personal affairs of the applicant (Primary Caregiver).

Name (print) _____ Signature _____

If YES, show signature of Applicant signifying agreement for admission.

Name (print) _____ Signature: _____

Finances

Person responsible for monthly contribution:

Name: _____

Address: _____

Phone #(_____)_____ - _____

Cell phone #(_____)_____ - _____

Form of payment Private _____ Title 19 _____ Other _____