

Maui Adult Day Care Centers

11 Mahaolu Street Ste B, Kahului, HI 96732
Tel: (808) 871-5804 / Fax: (808) 877-4082

Level (staff use)

1 2 3

Kahului Center

Ocean View Center

West Maui Center

South Maui Center

PARTICIPANT APPLICATION

Participant's Name: _____ Gender: _____
Last Name First Name Middle

Birthdate: _____ Age: _____ Place of Birth: _____

Marital Status: _____ Ethnic Group: _____ Language: _____

Veteran: ___ No ___ Yes Military Branch: _____

Resides with (Caregiver): _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Contact Person (POA): _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

GENERAL HEALTH INFORMATION

<u>Primary Diagnosis:</u>	<u>Ambulation:</u>	<u>Vision:</u>	<u>Hearing:</u>
___ Alzheimer's	___ Independent	___ Good	___ Good
___ Dementia	___ Cane/Walker	___ Corrected w/glasses	___ Hearing Aid(s)
___ Parkinson's Disease	___ Crutches/Braces	___ Partially Blind	___ Partially Deaf
___ Stroke/Heart Attack	___ Wheelchair	___ Blind	___ Deaf
___ Other: _____			

PHYSICIAN'S INFORMATION

Primary Physician: _____ Medical Facility: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Health Insurance Coverage: _____

Secondary Physician: _____ Medical Facility: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Health Insurance Coverage: _____

Psychiatric History: ___ No ___ Yes If Yes, Diagnosis _____

Present Psychiatrist (if applicable) _____ Phone: _____

REASONS FOR ENROLLMENT

Please check all applicable:

- Emotional relief for the family
- Relief for the family to go to work
- Socialization
- Companionship
- Stimulation to outside world
- Motivation/giving purpose to each day
- Other Reasons: _____
- Grooming
- Personal hygiene
- Opportunity for excursions
- Regular nutrition/meals
- Maintain physical well being through organized activities and exercise

Work History: _____

Education: _____

SPECIAL INTERESTS

Hobbies: _____

Recreation: _____

Activities: _____

Other: _____

We heard about Maui Adult Day Care Centers through:

- Brochure Maui News TV Referral
- Doctors Office Word of Mouth Other _____

Caregiver Name: _____ Relationship: _____

Signature: _____ Date: _____