

Piedmont Adult Living Services, Inc.

Application for Enrollment

Day Care for Adults

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

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

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Information About Applicant

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

Have you had previous experience in a Day program?  Yes  No  
If yes, where and when? \_\_\_\_\_

Marital Status:  Married  Single  Separated  Separated  Widowed  Divorced

Present Living Arrangements:  With spouse  With relatives  With Non-Relatives  
 Alone in House of Apartment  Alone in Single Room

Living with Whom: \_\_\_\_\_ Relationship: \_\_\_\_\_

Nearest Responsible Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_

If living with someone employed, employer: \_\_\_\_\_

Phone of Employer: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Emergency Care Information

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

\_\_\_\_\_  
Name Relationship to Applicant

\_\_\_\_\_  
Address Telephone Number

\_\_\_\_\_  
Name Relationship to Applicant

\_\_\_\_\_  
Address Telephone Number

Name of Physician who  
Will see you on request: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Dentist who  
Will see you on request: \_\_\_\_\_ Telephone: \_\_\_\_\_