



# WESTON ADULT DAY CARE CENTER

1 Bassett Avenue

New Castle, DE 19720

WestonAdultDayCare@aol.com

(302) 328-6425 – Phone

(302) 328-6422 - Fax



## Enrollment Application

Name: \_\_\_\_\_ Prefers To Be Called: \_\_\_\_\_

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

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Nationality: \_\_\_\_\_

Marital Status: S M W D Spouse's Name: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

Doctor's Name / Address: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_ Doctor's Fax Number: \_\_\_\_\_

Religion: \_\_\_\_\_ Active Participation:  Yes  No

Former Occupation: \_\_\_\_\_ Clubs: \_\_\_\_\_

Allergies (including Food): \_\_\_\_\_

### Family / Contact information

Contact 1: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: Primary \_\_\_\_\_  
Alternate \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Contact 2: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: Primary \_\_\_\_\_  
Alternate \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### **For office use only:**

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

Primary Diagnosis: \_\_\_\_\_

Allergies: \_\_\_\_\_

Director's Signature: \_\_\_\_\_



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## Activity Summary

### Leisure Interest Profile

Please indicate current and past interest in the following activities. Leave blank if no interest.

**P = Past Interest      C = Current Interest**

P	C	ACTIVITY	P	C	ACTIVITY	P	C	ACTIVITY	P	C	ACTIVITY
		Aerobics			Current Events			Music			Shuffle Board
		Animals			Dancing			Needlework			Singing
		Arts/Crafts			Discussions			Newspaper			Special Events
		Bible Study			Dominoes			Outings			Sports
		Billiards			Entertainment			Paint / Draw			Swimming
		Bingo			Exercise			Parties			Television
		Board Games			Fishing			Photography			Trips
		Books			Games			Puzzles			Volunteering
		Cards			Gardening			Radio			Walking
		Ceramics			Hunting			Reading			Woodworking
		Church			Magazines			Reminiscing			Word Games
		Computers			Meditation			Senior Center			Writing
		Cooking			Movies			Sewing			Weight Lifting
		Children			Museums			Shopping			Zoo

Preferred Activity Setting:      Inside      Outside      Group      Solitary

Most Active Time of Day:      Morning      Afternoon

Attitude toward Activities:      Interested      Disinterested

### Additional Information

Please provide our staff with any additional information that will assist us in engaging your loved one. Please make sure to include any special snacks, hobbies, behavioral patterns and interests not already mentioned above. Feel free to attach additional sheet if necessary.

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