



Longview

Dear Friend,

Thank you for your interest in Longview's Social Adult Day Program! We are happy to provide you with information about our program and the admission process.

Our Day Program is open from 9:00am-3:00pm, Monday through Friday. The daily rate is \$50.00, which includes lunch and snacks, as well as a stimulating social and recreational program! Longview does not provide transportation to the program, however, you can arrange with Gadabout to provide this service for a nominal fee. The first step in our admission process is scheduling a visit for the day (no fee). We recommend a full day visit, which allows you to experience the program and get acquainted with staff and participants. If you decide to apply for admission to the Day Program following your visit, we require completion of our Admission Packet. This packet includes several forms and a medical evaluation, completed and signed by your doctor. The doctor's evaluation must be based on an exam within 30 days of admission into the program. Thereafter, we require medical updates at six month intervals while you are enrolled in the program. It is the participant's responsibility to immediately notify the Adult Day Program of any medical changes to ensure a comprehensive medical profile. For your convenience, we have included an Admission Checklist and all forms required for enrollment.

If you have any questions or wish to schedule a visit, please contact Pamela Nardi, pnardi@ithaca.edu or Mary Whittaker, mwhittaker@ithaca.edu or call us at the Day Program Office, 607-375-6323.

We look forward to hearing from you soon!

Sincerely,

Pamela M. Pesoli Nardi and Mary Whittaker

Program Coordinators/Longview Social Adult Day Program

Longview Social Adult Day Program Activity Schedule

MONDAY

9:00 COFFEE AND CONVERSATION IN THE ADULT DAY ROOM
10:00 EXERCISE WITH BREE AND HEAD START CHILDREN IN THE AUDITORIUM
10:30 HANGMAN AND GUGGENHEIM IN THE ADULT DAY ROOM
11:30 LUNCH IN THE LONGVIEW DINING ROOM
12:30 WALKING WITH THE DAY PROGRAM
1:00 STORY HOUR IN THE ADULT DAY ROOM
2:00 CLAY CLASS IN THE CRAFT ROOM WITH LAURIE

TUESDAY

9:00 COFFEE AND CONVERSATION IN THE ADULT DAY ROOM
10:00 FUN WEIGHTS AND STRAPS IN THE AUDITORIUM
10:45 TRIVIA IN THE ADULT DAY ROOM
11:30 LUNCH IN THE LONGVIEW DINING ROOM
12:30 WALKING WITH THE DAY PROGRAM
1:00 TAI CHI WITH LAURIE IN THE AUDITORIUM
2:00 CRAFTS WITH CHERYL IN THE CRAFT ROOM

WEDNESDAY

9:00 COFFEE AND CONVERSATION IN THE ADULT DAY ROOM
10:00 FUN WEIGHTS AND STRAPS IN THE AUDITORIUM
10:30 BOWLING IN THE AUDITORIUM
11:30 LUNCH IN THE LONGVIEW DINING ROOM
12:30 WALKING WITH THE DAY PROGRAM
1:00 WORD SEARCH IN THE ADULT DAY ROOM
2:00 CRAFTS WITH LAURIE IN THE CRAFT ROOM

THURSDAY

9:00 COFFEE AND CONVERSATION IN THE ADULT DAY ROOM
10:00 FUN WEIGHTS AND STRAPS IN THE ADUITORIUM
10:45 GAMES IN THE ADULT DAY ROOM
11:30 LUNCH IN THE LONGVIEW DINING ROOM
12:30 WALKING WITH THE DAY PROGRAM
1:00 CRAFTS IN THE ADULT DAY ROOM
2:00 BINGO IN THE AUDITORIUM

FRIDAY

9:00 COFFEE AND CONVERSATION IN THE ADULT DAY ROOM
10:00 EXERCISE WITH BREE AND HEAD START CHILDREN IN THE AUDITORIUM
10:30 MOSAIC CREATIONS IN THE ADULT DAY ROOM
11:30 LUNCH IN THE LONGVIEW DINING ROOM
12:30 WALKING WITH THE DAY PROGRAM
1:00 BAKING CLUB WITH LAURIE IN THE 4th FLOOR KITCHEN
2:00 GAMES IN THE ADULT DAY ROOM



Longview

Longview Social Adult Day Program

Admission Checklist

The items listed below are required for admission to Longview's Social Adult Day Program:

- Schedule a visit by calling the Day Program, 607-375-6323

For participant review & files:

- Welcome Letter
- Statement of Participant's Rights
- Activity Schedule
- Admission Criteria
- Operating Policies

Admission documents for participant to complete & return to the Adult Day Program Coordinator:

- Pre-Enrollment Application
- New Participant Form
- Pre-Admission Medical Evaluation
- Medical Care Plan
- Physician's Approval to Administer Medication Form (if applicable-form provided upon request)
- Functional Assessment Form
- Emergency Contact Information
- Medical Emergency Authorization Form
- Admission Agreement
- Automatic Transfer Authorization Agreement (optional-form provided upon request)
- Image Release Form (optional)

Note: An admission meeting will be scheduled with the Adult Day Program Coordinator for final review & submission of required documents prior to official enrollment.

ADP 2/17



Longview

Longview Social Adult Day Program

Admission Criteria

- Must be fifty-five (55) years of age or older.
- Must indicate a willingness to participate in the program.
- Must be functionally challenged, whether due to physical or cognitive conditions.
- Must be capable of benefiting from socialization.
- Must not require constant one-on-one staff supervision because of functional or cognitive impairment as defined by standards for social adult day programs.
- Must be ambulatory either with or without the assistance of a wheelchair, cane or walker.
- Must not present a danger to oneself or participants.
- Must be capable of performing activities of daily living without skilled assistance.
- Family members and/or primary caregivers, if such exists, must be willing to assist client in participating in the program, including periodic meetings with staff to review participant's individual care plan when needed.
- Must be capable of being transported to site.
- Applicant will be admitted only after an assessment by the Adult Day Program Coordinators.



Longview

Longview Social Adult Day Program

Pre-Enrollment Application

Applicant's Full Name: _____

Birth Date: ____ / ____ / ____

Address: _____

Phone: _____

SS#: _____

Sex: _____

Reasons for Applying for Social Adult Day Program:

Marital Status: ____ Present Living Arrangements: _____

Nearest Responsible Relative: _____

Address: _____

Relationship: _____

Daytime Phone: _____

Physician's Name: _____

Limited on Activities: _____



Longview

Longview Social Adult Day Program Pre-Admission Medical Evaluation

Statement of Purpose:

The Adult Day Community is to provide an environment that promotes social, physical, and cognitive stimulation. Through this stimulation we strive to improve the quality of life for adults over the age of fifty-five while providing respite care for their caregivers. The Adult Day Community brings adults from Ithaca and the surrounding areas to Longview for the day. They are welcomed participants in the Longview Community.

Name: _____

Address: _____

Date of Birth: ____/____/____

Sex: _____

Exam Date: ____/____/____

Section 1: Medical History

Primary Diagnosis:	Weight:
Recent Surgery (Type of procedure and date):	Blood Pressure:
Recent Acute Illness (Type and date):	Activity Restrictions:
Chronic Illness, Physical or Mental Limitations:	Weight Bearing (Full, partial, none):
Allergies/ Special Diet:	Required periodic intermittent nursing care, and/or medical examinations, doctor's visits, or skilled observation of symptoms:

Section II: Medications Needed (Type, frequency, and dosage):

Section III: Observations of the Individual (circle Yes or No)

Yes / No :Individual capable of self-administration of required medication]

Yes / No :Ambulatory - without assistance

Yes / No :Ambulatory - with assistance

Yes / No :Chairfast – unable to transfer

Yes / No :Chairfast – able to transfer

Yes / No :Bedfast – unable to transfer

Yes / No :Bedfast – able to transfer

Yes / No :Incontinent (Describe)

Yes / No :Habituated or addicted to alcohol or another substance

Yes / No :If yes, is the individual a danger to his/herself or others?

Yes / No :Free of communicable disease

Section IV: Evaluation

In your opinion, do you feel this individual could benefit from adult social day care? **Yes/ No**

Section V: Tuberculin Test (Required within 30 days prior to admission unless medically contraindicated) __ Test is contraindicated

__ TST1: _____ Date placed _____ Date read _____ mm

__ TST2: _____ Date placed _____ Date read _____ mm

__ QuantiFERON-TB(QFT) _____ Date placed _____ Date read _____ mm

Physician's Signature: _____ **Date:** _____

Please Print Name: _____ **Phone #:** _____



Longview

Longview Social Adult Day Program

New Participant Form

Participant's Full Name: _____

Begin Date: ____ / ____ / ____

Day(s) of Week Attending: __ M __ T __ W __ TH __ F

Method of Transportation: _____

Send Monthly Bill To:

Name: _____

Address: _____

Daytime Phone: _____

Evening Phone: _____

Relationship to Participant: _____

Program Coordinator's Signature: _____



Longview

Longview Social Adult Day Program Functional Assessment Form

Participant Profile

Name _____ Phone _____

Address _____ D.O.B. _____
_____ Sex _____
_____ Race _____

Religious Preference _____ Living Arrangements _____
Marital Status _____

Family Members at Home:

Name: _____ Relationship: _____

Past Work Experience:

Educational Background: _____

Special Skills/ Interests: _____

Social Resources/ Needs

Family members with whom participant has supportive relationship:

Family members living nearby: _____

Frequency of contacts: By phone _____ Visits to participant _____

Participants makes visits _____

Neighbors/ Friends who are supportive:

Social/ Conversational skills:

Initiates/ engages in conversation: _____

Maintains social contacts: Neighbors _____ Church _____
Friends _____ Other _____

Seeks needed help or assistance:

Assistance requested: _____ From: _____

Has someone to confide in (Name): _____

Has someone who will provide necessary help in event of sickness (Name)

Has meaningful role in family _____ Neighbor _____
Social group _____ Church _____
Other _____

Social support system appears: _____ Very Supportive
_____ Adequate
_____ Inadequate
_____ No social support system

Interviewer's comments:

Social needs:

Physical Resources/ Needs

Ambulation: Walks without assistance: _____

Needs help with: _____ Stairs _____ Carpeted floors
_____ Uneven terrain

Walks with assistance of: _____ Tripod
_____ Cane _____ Wheelchair
_____ Walker _____ Support of another person

Any paralysis: _____ What part of body: _____

Any difficulty with motor control: _____

Any sensory loss: _____ Describe: _____

Any speech impediment/ aphasia: _____

Any loss of bowel/ kidney control: _____

Condition of teeth and gums: _____

Weight problem: _____ Evidence of malnutrition: _____

Therapeutic diet: _____

Acute health problems: _____

Chronic health problems: _____

Prescribed medications:	For:
_____	_____
_____	_____
_____	_____
_____	_____

Non-prescription drugs:	For:
_____	_____
_____	_____
_____	_____
_____	_____

Can take own medication: _____ Needs supervision: _____

Medications must be administered: _____

Any history of alcoholism: _____

Other substance addiction: _____

Days of illness during last six months (unable to carry out normal activities): _____

Number of days spent in hospital/nursing home/rest home in last six months: _____

Able to participate in physical activities: Walking
 Swimming
 Exercise sessions
 Outside games

Any prescribed therapy or activity: _____

Any supportive devices being used:

<input type="checkbox"/> Leg brace	<input type="checkbox"/> Artificial limb	<input type="checkbox"/> Hearing aid
<input type="checkbox"/> Glasses	<input type="checkbox"/> Contact lenses	<input type="checkbox"/> Dentures
<input type="checkbox"/> Catheter	<input type="checkbox"/> Kidney dialysis	<input type="checkbox"/> Colostomy equipment

Other: _____

Any special instructions/ assistance needed with these: _____

Interviewer's comments:

Needs not presently being met:

Mental/ Emotional Resources and Needs

Any diagnosed mental/ emotional illness or problem:

Any observed indications/symptoms of mental/emotional disorders:

<input type="checkbox"/> Depression	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Withdrawal
<input type="checkbox"/> Paranoia	<input type="checkbox"/> Hypochondria	<input type="checkbox"/> Confusion
<input type="checkbox"/> Disorientation	<input type="checkbox"/> Memory loss	<input type="checkbox"/> Sense of uselessness
<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Acting out	<input type="checkbox"/> Aggressive behavior
<input type="checkbox"/> Sexual fixation	<input type="checkbox"/> Hostility	<input type="checkbox"/> Self-neglect/ abuse
<input type="checkbox"/> Anger	<input type="checkbox"/> Wandering	<input type="checkbox"/> Other

Describe symptoms:

Able to express self verbally: _____ Exhibits understanding of others: _____

Appears able to make decisions: _____

Exhibits evidence of: _____ Independence _____ Dependence
Describe:

Evidence of self-motivation: _____
Appears to maintain healthy relationships: _____

Copes well with others: _____

Manages personal affairs: _____ Another person manages affairs: _____

Shows common sense in making judgements: _____

Exhibits ability to adapt to new circumstances and situations: _____

Demonstrates ability to adjust to any loss of function/ change in roles: _____

Finds use for leisure time: _____ List activities: _____

Interviewer's comments:

Needs not presently being met:

ADL/IADL Resources and Needs

Cares for personal grooming: _____ Well
_____ Adequately
_____ Inadequately
_____ Has help (Describe: _____)
_____ Grooming not cared for

Is able to care for personal needs (Insert code below: 1= Without assistance, 2= Supervision is needed, 3= Assistance of equipment, 4= Assistance of a person, 5= Assistance of equipment and a person, 6= Unable to accomplish, 7= not observed):

Item	Code	Comments
1. Eating	_____	_____
2. Meal preparation	_____	_____
3. Toileting	_____	_____
4. Dressing/Undressing	_____	_____
5. Bathing	_____	_____
6. Getting in and out of bed	_____	_____
7. Household chores	_____	_____
8. Shopping	_____	_____
9. Laundry	_____	_____
10. Manages finances	_____	_____
11. Manages household	_____	_____
12. Takes own medications	_____	_____
13. Uses public transportation	_____	_____
14. Uses telephone	_____	_____

Signature _____ Date: _____

Position: _____



Longview

Longview Social Adult Day Program

Emergency Contact Information

Full Name: _____

Birth Date: ____ / ____ / ____

Address: _____

Age: _____

SS#: _____

Phone: _____

Physician's Name: _____

Phone: _____

Nearest Responsible Relative or Friend:

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Two Persons who can be contacted in addition to above:

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____



Longview

Longview Social Adult Day Program

Medical Emergency Authorization Form

I hereby authorize the Longview Social Adult Day Program Director or designee to obtain the necessary health care service and transportation for me in the event of a medical emergency while I am a participant in the program.

The cost of these medical services is the responsibility of the participant.

Signature of Participant: _____

Signature of Family Member or Representative: _____



Longview

Longview Social Adult Day Program

Admission Agreement

I, _____ enter into agreement with Longview's Social Adult Day Program with the following stipulations.

1. I agree to abide by the rules and regulations of Longview as they apply to the program.
2. The program operates between 9:00am-3:00pm, Monday through Friday (with the exception of announced holidays) with the family or representative assuming care at other times.
3. Services provided by the program include:
 - a. Nutritious noon meal
 - b. AM and PM snacks
 - c. Supervision
 - d. Leisure time activities (see Activity Schedule)
 - e. Comfortable chairs provided for rest if needed
4. Transportation is the responsibility of the participant and/or family or representative.
5. Participation in the program is dependent upon the participant's level of care and supervisory needs. The grounds on which involuntary termination may occur are:
 - a. Staff evaluation determines the participant requires a higher level of care;
 - b. The participant manifests behaviors which cannot be adequately or appropriately managed in the program setting;
 - c. Non-payment of program fees.
6. I release Longview from any liability for injury and damages due to my own negligence.

7. I agree to provide the program with information concerning the participant's health status and any changes, as they may occur.
8. Prior to admission to the program, the participant must obtain and provide a written, dated and signed statement from the participant's physician. Changes in the participant's medication(s) will be shared with the program staff. I voluntarily agree not to attend the program if I am feeling ill or have a contagious disease. The program may require information from the participant's physician before the participant returns to the program.
9. The cost of the day program is \$ 50.00 per day, which includes lunch and snacks. Longview will bill for days attended at the end of the month. Payment is due by the 7th day of the following month. Longview may collect a late fee of \$5.00 as of the 8th and \$1.00 for each additional day the fee remains unpaid. If 30 days late, notice of suspension from the program will be issued. After 45 days participant's slot cannot be guaranteed.
10. The participant and/or the undersigned (responsible party of the participant) acknowledge that they have been fully informed of the participant's rights, and also acknowledge that they have read and understood this agreement and have received a copy thereof.

Participant	Date
-------------	------

Responsible Party	Date
-------------------	------

Program Coordinator	Date
---------------------	------

State and federal laws prohibit discrimination based on race, creed, color, national origin, sex, handicap, or source of payment.



Longview

Longview Social Adult Day Program Medical Care Plan

Name: _____ Age: _____ ADM. Date: ___ / ___ / ___ Physician: _____

Medications:

Allergies:

Treatments:



Longview

Longview Social Adult Day Program Statement of Participant's Rights

The Longview Social Adult Day Community Program shall uphold the basic human rights and civil rights of the participants involved in the center's programs. These rights shall be safeguarded and respected.

1. The right to be treated as an adult with respect and dignity.
2. The right to participate in a program of services and activities that promote positive attitudes on one's usefulness and capabilities.
3. The right to participate in a program of services designed to encourage learning, growth and awareness of constructive ways to develop one's interests and talents.
4. The right to be encouraged and supported in maintaining one's independence to the extent that conditions and circumstances permit, and to be involved in a program of services designed to promote personal independence.
5. The right to self-determination within the day community setting, including the opportunity to:
 - a. Participate in developing one's plan for services.
 - b. Decide whether or not to participate in any given activity.
 - c. Be involved to the extent possible in program planning and operation.
6. The right to be cared about in an atmosphere of sincere interest and concern in which needed support and services are provided.
7. The right to privacy and confidentiality.
8. The right to know the cost of the program.



Longview Social Adult Day Program Operating Policies

Inclement Weather Closing & Notification Procedure

When it becomes necessary to close the Longview Social Adult Day Program due to inclement weather, the following procedures will be followed: *Closing for the Day* – Adult Day Program (ADP) staff will notify (via telephone) each participant/family of the closing. All participants will be notified by 7:00a.m. ADP Staff will also notify Gadabout of the closure. *Early Dismissal* – In the case of early dismissal/closure, which is rare, the ADP staff will contact family members by telephone to arrange an earlier pick-up time. Staff will also notify Gadabout of the early dismissal/closure. ADP Staff will remain on site until all participants have been picked up. *School Closings* – The day program will **not** automatically close when the area schools close. Although road closings will always mean an automatic program closure, our decision to close at other times will be based on what we determine to be very hazardous driving conditions and concern for safety. *Program Fees* – There will be no fees billed for inclement weather closings.

Six Month Medical Evaluation

All clients are responsible for obtaining (every six months) a medical update from their physician (a PPD will not be required with the update). A six month medical form is provided by the day program and will be mailed to the client one month prior to the due date. The six month medical update is required to continue in the program without interruption.

Participant Transportation

All arrangements for transportation to and from the adult day program is the sole responsibility of the participants and their families. Family members must escort the participant to the adult day program room to ensure a safe arrival. The day program must have on file the name(s) and contact information of all drivers. Please include any drivers that might be needed for last minute changes. Program pick-ups must occur no later than 3:00pm. Repeated late pickups will result in a verbal warning and possible dismissal from the program.

Participant Absence

Please contact the Day Program Office, 607-375-6323, if you are going to be absent from the program. The reason for the absence and estimated duration are required to qualify for an excused absence. Excused absences are illness, inclement weather, transportation issues, vacation, family commitments, and scheduled appointments. Repeated, unexcused absences will result in a verbal warning followed by dismissal from the day program.

Payment Schedule

Payment is due on the 7th of the month. Nonpayment by the 30th will result in suspension from the program until the outstanding balance is paid in full. After 45 days your slot cannot be guaranteed.

Gifting Policy

Longview observes a no gifting policy for all employees. Employees may not accept gifts in any form, monetary or other, from any resident or client of Longview. There are no exceptions to this rule.

ADP 2/17