



# 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: \_\_\_\_\_

\_\_\_\_\_