

APPLICATION
ROGERSON BROOKLINE ADULT DAY HEALTH PROGRAM
AT THE BROOKLINE SENIOR CENTER
93 WINCHESTER STREET, BROOKLINE, MA 02446-2755
(617) 383-6012 Fax: (617) 383-6015

Date: _____

Name: _____ Phone: _____

Address: _____
Street Apt. City Zip

Male: _____ Female: _____ Live Alone: Yes: _____ No: _____ With: _____ Relationship: _____

Social Security #: _____ Date of Birth: _____ Marital Status: M S W D

Referred by: _____ Phone: _____

Relationship: _____

Reason for Referral: _____

Primary Physician: _____ Phone: _____ Fax _____

Address: _____
Street City Zip

Primary Nurse: _____ Agency: _____ Phone: _____

Hospital Affiliation: _____ Clinic: _____

Case Manager: _____ Agency: _____ Phone: _____

Do you have a Visiting Nurse?

Name: _____ Agency: _____ Hrs & Days: _____

Do you have a Home Health Aid/Homemaker?

Name: _____ Agency: _____ Hrs & Days: _____

Have you been hospitalized in the last 2 years? When? Where? Why?

Have you been in a long-term care facility? Where and When?

Chronic Hospital: _____ Level I/II Nursing Home: _____

Rehabilitation Facility _____ Level III Nursing Home: _____

Mental Health Facility: _____ Rest Home: _____

Do you receive any other services?

Name: _____ Agency: _____

Contact Person: _____ Phone: _____

What hobbies, crafts, interests, educational desires, clubs do you like?

Former Occupation: _____ Religion: _____

Where were you born? _____ What languages do you speak? _____

How much school did you have? _____

Please comment on social history or any other pertinent information.

Transportation: Family: _____ Chair Car: _____ Program Van: _____

Other: _____

Source of Payment: This section must be fully completed or admission will be delayed.

Insurance:

Medicaid Card # _____ Medicare _____ A B

Medicaid ID # _____ Medex _____ 1 2 3

Category of Assistance: _____

DMA Caseworker: _____ Phone: _____

Self Pay: _____ Other: _____

Responsible Person (s): **(Important to fill out completely)**

Name: _____ Phone: Home: _____ Work: _____

Address: _____ Relationship: _____

Name: _____ Phone: Home: _____ Work: _____

Address: _____ Relationship: _____

Name: _____ Phone: Home: _____ Work: _____

Address: _____ Relationship: _____