

PARTICIPANT INTEREST FORM

The purpose of this form is to 1) gather preliminary information on the future participant, 2) utilize as a waitlist placeholder if necessary, and 3) keep us connected!

Thank you for believing in us, in yourselves, and your loved ones.

Name of Person Completing this Form		Date	
If the participant is not the one completing ☐ Parent/Guardian ☐ Spouse ☐ Friend			
How did you hear about Onward Adult Da ☐ Word of Mouth ☐ Referral:		-	
PARTICIPANT INFORMATION			
Name (first, middle, last)	Prefers to	to be Called	
Street Address	City	State	Zip
County Phone	 Email		
Date of Birth:	Age:	Sex:	Male □ Female
Current Living Arrangement:			
l am my own guardian: ☐ Yes ☐ No	Social Security Numbe	r:	
Reason for Referral:			
REPRESENTATIVE INFORMATION			
Name (first, middle, last)			
Street Address	City	State	Zip
Phone	 Email		

PARTICIPANT QUESTIONNAIRE
Are you currently attending a day center/program? Yes No If yes, please describe frequency and provided services:
Are you currently receiving 1:1 caregiver support during the hours of 7:30am-5pm? ☐ Yes ☐ No
If yes, would you plan on having them assist here? (They can join the family too!) \square Yes \square No
List your medical condition(s)/diagnoses:
Assistive Devices/Aids (check if any of the following mechanical aids are used/needed):
\square Braces \square Cane \square Walker \square Wheelchair \square Crutches \square Communication Device \square Glasses/Contacts
☐ Hearing Aid(s) ☐ Other:
ONWARD ADULT DAY CENTER FOCUSED QUESTIONNAIRE
Tentative Schedule?
Please include tentative days of the week (Monday-Friday) and hours (between 7:30 am-5 pm) Onward Adult Day Center can be in service to you: