



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 this form, please describe the relationship you have with the participant:

Parent/Guardian Spouse Friend Other, please describe: _____

How did you hear about Onward Adult Day Center: Facebook Website Drove by Building Online Search

Word of Mouth Referral: _____ Other: _____

PARTICIPANT INFORMATION

Name (first, middle, last)

Prefers to be Called

Street Address

City

State

Zip

County

Phone

Email

Date of Birth:

Age:

Sex: Male Female

Current Living Arrangement:

I am my own guardian: Yes No

Social Security Number: _____

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-4:30pm? Yes No

If yes, would you plan on having them assist here? (They can join the family too!) Yes No

List your medical condition(s)/diagnoses: _____

Assistive Devices/Aids (check if any of the following mechanical aids are used/needed):

Braces Cane Walker Wheelchair Crutches Communication Device 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-4:30 pm) Onward Adult Day Center can be in service to you: _____
