



The Alzheimer's and Dementia Care Services of Northwestern Ohio Adult Day Center is funded in part through the Senior Services Levy for older residents of Lucas County and State of Ohio Alzheimer's Respite Funds by a grant from the Area Office on Aging.

PROGRAM PARTICIPANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Date of Birth: _____ Martial Status: _____ *Single* _____ *Married*

MONTHLY INCOME

Please indicate below the participant's monthly income from all sources including but not limited to income received from the following:

- Social Security
- Annuities
- Disability/sick benefits
- Interest
- Dividends
- Retirement benefits
- Public assistance
- Estate/trust fund payments
- IRA Income
- Farm income
- Veterans benefits
- Pensions
- Rental property income
- Wages/Salary

Source of Income	Amount

TOTAL MONTHLY INCOME: _____

To the best of my knowledge, the information provided above is true, accurate and complete disclosure of total income. I understand that these programs are supported, in part, by contributions from participants. If there is a significant change in any of the information provided, it will be my responsibility to notify the Alzheimer's and Dementia Care Services of Northwestern Ohio.

Signature of person providing information

Relationship

Date

Printed Name: _____ Phone Number: _____

For office use only

	Client
Monthly Income	

Client is eligible for cost share assistance: _____ Yes _____ No

Full day rate: _____ Half day rate: _____

Cost Share Assistance Amount: _____