



POB 23871, Lexington KY 40517  
 859 368 2656  
 Supportacaringplace.org  
 Info@a-caring-place.com



## APPLICATION FOR SERVICES: 2026

Name:		Date:	
Street:		Phone #:	
City, State:	Zip:	Birth date:	Age:
E-Mail:		Marital Status	Religious Denomination:
Do you live alone? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gender: M F Ethnicity: Primary Language:			
Monthly Income: (\$20748/yr-1729/mo)	Veteran Status	Sr Ctr provides congregant meals every day, call dietitian for appt 859 278 6072	
If under 2660/mo, SNAP or CNAP (and if yes, how much). If no, refer to BGADD	Give list of food resources, if they need food.	If meets income criteria and no other nutritional food source, apply for meal services and mail to Dana Davidson at ddavidson@bgadd.org & refer to Stacy Federico at mom1991.sf@gmail.com	
<b>Emergency Contact, Referral Source, &amp; Medicaid Status</b>			
Name:		Anyone with a key to your home or apartment 911 call ok?	
Address:		Insurance with who? Preferred Hospital?	
Primary Phone:	Relationship	Medicaid waiver application \$2982/mo	BADDAD Ref? Dana Davidson 859-810-2501
Advance Directives: Yes or No (circle one) POA: Yes or No (circle one)-		Who referred this person to our program?	
<b>Other</b>			
Do you currently have any pets? Yes <input type="checkbox"/> No <input type="checkbox"/>		Would you be open to a certified pet therapy dog, visiting you? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Grocery shopping: (who does the grocery shopping)			
Transportation: (cite usual mode of transportation): If disabled, refer to Wheels			
Meal Preparation: (who prepares the meals)			
COVID Vaccination Status		Flu Shot (date)	
<b>Impairments which impact Activities of Daily Living (ADL)</b>			
<input type="checkbox"/> Hearing _____ <input type="checkbox"/> Vision _____		<input type="checkbox"/> Speech _____ <input type="checkbox"/> Walker _____ <input type="checkbox"/> Wheelchair _____	
<input type="checkbox"/> Uses oxygen _____		Have you fallen in past 6 months? (if yes refer to Safety Specialist, Maryanne Vasiloff (vasiloff55@gmail.com))	
<input type="checkbox"/> Other _____			
<b>Preferred Schedule for calls-UNIPER</b>			
Days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa		Interested in UNIPER? Y or N (circle) If yes, refer	



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Time of Day: Morning, Afternoon, Evening (circle one)

to Sarah Eldridge (BGADD): 859 810 2501

## Depression (Suicide crises 988 offers chats and support)

“We ask everyone these questions, because emotional health matters just as much as physical health”

In the past 2 weeks...

- Have you had little interest or pleasure in doing things you usually enjoy
- Have you been feeling down, discouraged, or hopeless
- Have you considered harming yourself

**If positive, encourage them to contact their primary provider**

## Social Connections

Social Connections per week (pick a number 1-no social connections to 10 social connections)

1      2      3      4      5      6      7      8      9      10

**Do you feel you have someone you can call if you need support or just want to talk?**

Not really    1      2      3      4      5      6      7      8      9      10    Yes, definitely

## Release of Information

In an effort to meet the needs of Participants, it is sometimes necessary to contact and share information with other community services and agencies. This may include the disclosure of personal or confidential information. Sharing this information is intended to assist Participants of the Program.

\_\_\_\_\_ I authorize (**your name here**) A Caring Place to obtain and/or disclose confidential information to/from other community social service agencies.

\_\_\_\_\_ I authorize my photograph to be published for marketing purposes, or to enhance our newsletter or social media site.

## Welfare and Safety Check

In the event that we are not able to reach you or your listed emergency contact by telephone after 48 hours, we may then contact local law enforcement and ask them to initiate a welfare and safety check. This means that the police will arrive at your home to make certain that you have not had an emergency.

Some participants do not wish us to notify the police under any circumstances. Please check below if this is your preference.

- I permit you to call 911 for a welfare and safety check if you cannot reach me by phone and cannot reach the emergency contact number I have provided.



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If you cannot reach me by phone or my contacts, and I have not called to say I would be away, please **do not** initiate a welfare and safety check.