



The Harbor at Twin Lakes Community
3810 Heritage Drive
Burlington, NC 27215
(336) 585- 2393

Application for Enrollment

Please Complete All Sections of the Application

Full Name: _____ DOB: _____

Preferred Name: _____ Sex: _____

Address: _____

Marital Status: ___ Married ___ Single ___ Widowed ___ Divorced

Present Living Arrangements: ___ With Relative ___ With Non-Relatives ___ Alone in Home

Living with Whom: _____ Relationship: _____

Why are you interested in this program? _____

Emergency Contact & Care Information

Please list the names of **at least two** people who may be contacted in case of an emergency and the applicant's physician information.

1. Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

2. Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Name of Physician/Practice: _____ Phone: _____

Address: _____

Services

Transportation will be provided by (name): _____

Weekly Schedule of Attendance/Preferred Days:

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Arrival Time							
Departure Time:							
Notes:							

Special Dietary Needs (if any): _____

Attach a copy of the doctor's orders if on a therapeutic diet.

Known Allergies: _____

Diagnosis: _____

Supportive Devices Used: ___ Cane ___ Walker ___ Wheelchair (must transfer themselves)
___ Dentures ___ Hearing Aid ___ Eyeglasses ___ Other, Please List: _____

Advance Directive Notification

___ My family member does not require a POA, may make his/her own medical or other decisions, and may sign for his/herself legally.

___ My family member has a Power of Attorney or legal guardian

Name of POA/guardian _____ Phone number _____

___ My family member has an advance directive and will provide an original copy

___ My family does not have an advance directive

Placement Decision Disclaimer

Families are allotted **two (2) business days** to make a placement decision regarding enrollment with The Harbor Adult Day Program. Upon confirmation of placement, participants are **expected to begin the program the following week**, unless otherwise arranged and approved by Program Director.

Responsible Party Signature: _____ **Date:** _____