WEST SUBURBAN SENIOR SERVICES
ADULT DAY SERVICES

Monthly Sliding Contribution Schedule

Monthly Income	Two Days	Three Days	Four Days	Five Days
$0.00 to $500.00	$360.00	$480.00	$640.00	$770.00
$501.00 to $1,000.00	$400.00	$540.00	$720.00	$880.00
$1,001.00 to $1,500.00	$440.00	$600.00	$800.00	$990.00
$1,501.00 to $2,000.00	$480.00	$660.00	$880.00	$1,100.00
$2,001.00 and up	$520.00	$720.00	$960.00	$1,210.00
Travel in our area One Way/Two Ways	$36.00/$72.00	$54.00/$108.00	$72.00/$144.00	$99.00/$198.00
Travel outside of area One Way/Two Ways	$52.00/$104.00	$78.00/$156.00	$104.00/$208.00	$143.00/$286.00

Minimum Attendance

Clients are required to attend a minimum of two days per week but are encouraged to attend five days per week.

Out-of-District Policies

For those clients residing outside the service area, out-of-district contribution scales apply.

Clients attending the Adult Day Services Program from out-of-district communities may attend the program and may be transported by West Suburban Senior Services' bus on a "space available" basis. The contribution for transportation is $10.00 each day.

There is a 20.0% increase in the ADS monthly contribution for those clients attending the Adult Day Services Program outside the agency's service district.

Temporary Increase in Attendance

Clients may, on a temporary basis, increase the number of days attending. The additional cost is $50.00 per day.

Billing

Statements are mailed monthly with the newsletter and other information. Timely reimbursement is expected. Billing is due by the 15th of each month. Outstanding bills will lead to termination from the ADS program.

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Adult Care)

Part 1. All Household Members

Names of Adult Day Service Participant(s) (First, Middle Initial, Last)	Age

Part 2. Benefits: If any member of your household receives Supplemental Nutrition Assistance Program [SNAP], Medicaid, or Supplemental Security Income [SSI], provide the name and case number for the person who receives benefits. If no one receives these benefits, skip to part 3.

NAME:_____ CASE NUMBER: _____

Check which program applies: ☐ Medicaid; ☐SNAP ; or ☐ Supplemental Security Income [SSI]

Part 3. Total Household Gross Income—You must tell us how much and how often

A. Name (List only spouse and those dependent on the participant(s) for economic support)	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
(Example) *Jane Smith*	$200/weekly	$150/twice a month	$100/monthly	$ /
	$ /	$ /	$ /	$ /
	$ /	$ /	$ /	$ /
	$ /	$ /	$ /	$ /
	$ /	$ /	$ /	$ /

If $Ø (Zero) income is declared, please provide a brief explanation how housing, food, utilities, etc. are covered:

Part 4. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:	
☐ Hispanic or Latino ☐ Not Hispanic or Latino	☐ Asian ☐ White ☐ Black or African American	☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander

PERSONAL INFORMATION for ADS Clients

General Information

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax _____ Other _____

Name _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax _____ Other _____

Emergency Information

Notify/Relationship: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Work _____ Other _____

Notify/Relationship: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Work _____ Other _____

Medical

Physician: _____ Phone: _____

Address: _____

City/State/Zip: _____

Insurance/HMO: _____ Policy #: _____

Medic Alert #: _____ Blood Type: _____

Physician: _____ Phone: _____

Address: _____

City/State/Zip: _____

Insurance/HMO: _____ Policy #: _____

Medic Alert #: _____ Blood Type: _____

West Suburban Senior Services
A Council on Aging

CENTER NAME: _____

PARTICIPANT ASSESSMENT

Admission Assessment _____

Annual Assessment _____

DEMOGRAPHIC/SOCIAL INFORMATION (This section to be completed by center)			Section 1
Participant's Name		Nickname	
Address (Pre admission)		DOB	
		SEX	M F
Admission From: (circle one & identify)	Home Hospital		Other
Language Spoken		Marital Status	M D W S
Participant's Former Occupation		Religious Preference	
Participant's Hobbies/Interests			
Responsible Party			
Legal Representative		Phone Number	
Address			
Relationship (Circle all that apply)	Spouse Child Sibling Other_____ POA MPOA DPOA Guardian Committee		
Other Care Providers (Dentist, Podiatrist, etc)			

MEDICAL/HEALTH ASSESSMENT		Section 2
Admission Diagnosis		
Allergies		
Medical Assessment Date Completed _____		
Skin Condition Skin Breakdown Decubitus (Size, Location, Treatment)		
Diet	Activity	

Photo Release Consent Form:

I, the undersigned, do hereby consent and agree that West Suburban Senior Services, its employees, or agents have the right to take photographs, videotape, or digital recordings of me. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to West Suburban Senior Services, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that West Suburban Senior Services is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

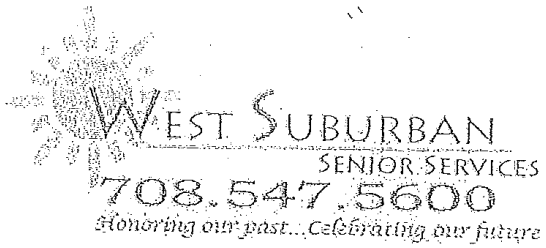
Name:_____ Date: _____/_____/____

Address:_____

Phone:_____

Witness for the undersigned:_____

Signature:_____



SPECIAL EVENTS Release Consent Form:

I, the undersigned, do hereby consent and agree that I, in cooperation with West Suburban Senior Services and its employees, may participate in *special events*. *Special events* may include festivals, parties, and day trips planned during the hours of 9:30am and 3:00pm. I further consent that my name and identity may be revealed therein or by descriptive text or commentary, as needed to participate in special events.

I do hereby release to West Suburban Senior Services, its agents, and employees all rights to accompany me during a *special event*. I acknowledge that a *special event* may take place "off-site" or at a location other than the WSSS Bellwood/LaGrange campuses. I waive any rights or claims associated with special events on or off campus.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback. If there is a cost associated with a special event that cost will be made known to me prior to the *special event*.

I also understand that West Suburban Senior Services is not responsible for any expense or liability incurred as a result of my participation in this, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name:_____ Date: ____/____/____

Address:_____

Phone:_____

Witness for the undersigned:_____

Signature:_____