



# WALDECK TRUST HOME CARE SERVICE APPLICATION

440-899-3409

## General Information

Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Persons in Household: \_\_\_\_\_

### Medical Information:

Medical Diagnosis:

Medications:

Medical History:

Attending Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Insurance Information:

Social Security #: \_\_\_\_\_ Medicare # \_\_\_\_\_

Supplemental Insurance:

### Miscellaneous Information:

Pets:	Yes	No	Neighborhood Support:	Yes	No
Smoke:	Yes	No	Family Support:	Yes	No
Meals on Wheels:	Yes	No	Church Support:	Yes	No
Senior Van:	Yes	No			

Directions to the house:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail completed application to: Department of Community Services  
300 Bryson Lane  
Bay Village, Ohio 44140

### Evaluation:

Services Needed/Provided