



CARING TREE LLC

CARING TREE ADULT MEDICAL DAYCARE

Thank you for your interest in **Caring Tree Adult Medical Daycare**. Our beautiful facility provides a wonderful solution for those in need of some assistance. We offer a wide array of supportive services and amenities to promote dignity and independence.

Our number one goal is to provide a caring, nurturing environment for those in need of an extra helping hand, whether it is for a long-term or short-term, or after a hospital, skilled nursing or rehab stay.

FACILITY FEATURES

- Large dining room
- Large men's and ladies bathrooms
 - with handicapped assistive features
 - walk-in shower with safety grab bars
- Wall-to-wall hardwood floors
- State of the art air-conditioning/heating system
- Fire/smoke detectors, sprinkler system throughout
- Closets
- Emergency response system

SERVICES / AMENITIES

- Assistance with personal care
 - such as bathing, dressing and grooming
- Hair salon on-site
- Transportation to and from facility
- Medication monitoring
- Medication management
- Social & recreational activities
 - including cards, arts & crafts, music & more
- Wellness & fitness programs
- On-site speech, occupational and physical therapy
- Podiatry services
- Full time RN
- Certified nurses aides
- Individualized service plans
- Continental breakfast
- Hot lunch
- Social worker services
- Dietician services
- Structured activities
- ... and more

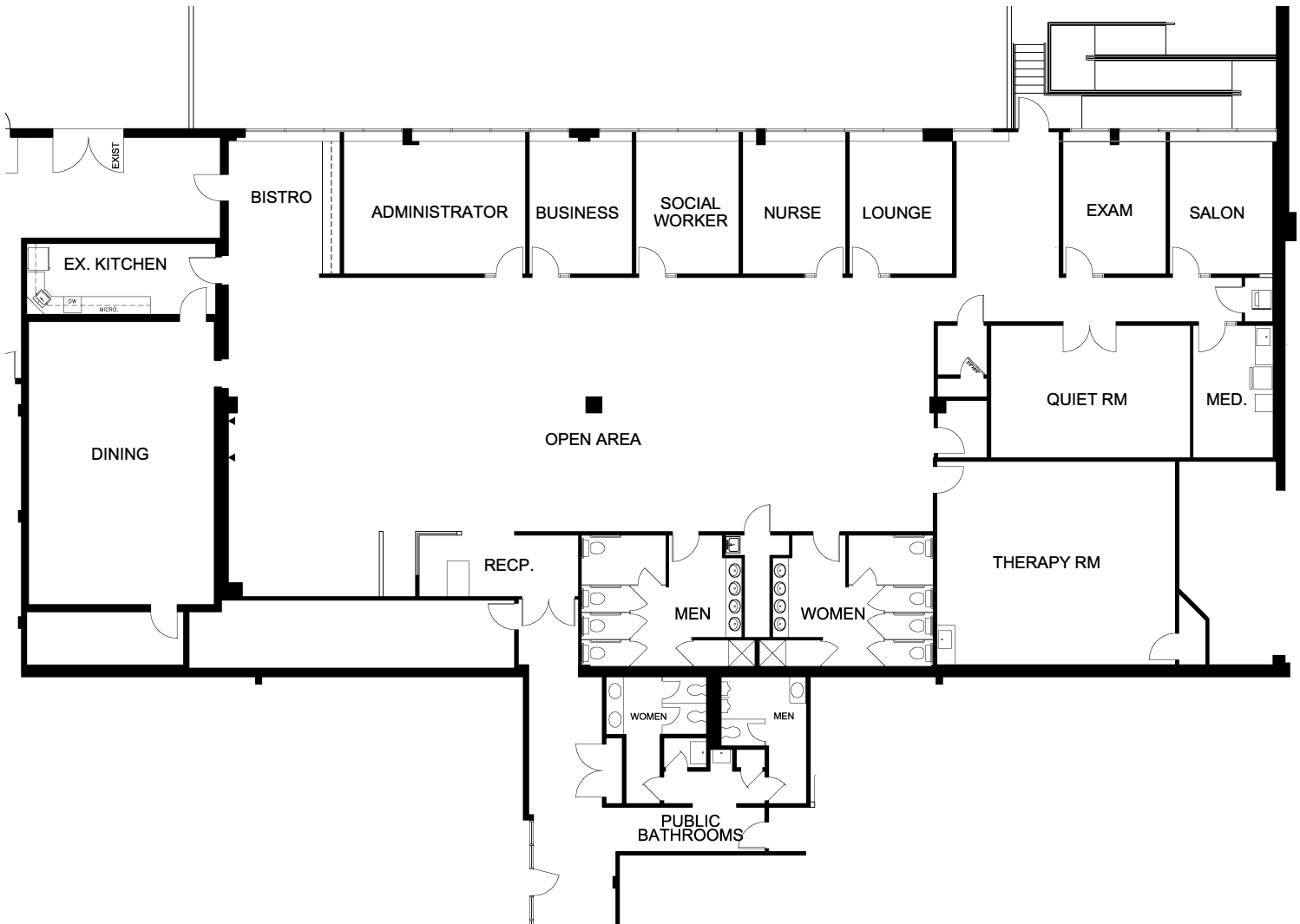
An application for our prospective clients is enclosed for your convenience. If you would like to apply, please complete the application and return it to gkennedy@caringtreenj.com or mail to **Caring Tree** at 51 James Way Suite 103 Eatontown, NJ. If you have any questions, please call (732) 542-0363, and we will be happy to assist you.

We look forward to hearing from you.



CARING TREE ADULT MEDICAL DAYCARE

FLOOR PLAN



Facility is approximately 8,700 square feet



CARING TREE LLC

CARING TREE ADULT MEDICAL DAYCARE

APPLICATION

Thank you for your interest in **Caring Tree Adult Medical Daycare**. Please complete and return this application to 51 James Way Eatontown, NJ 07724. All information will be kept confidential. Upon receipt of your completed application we will contact you.

GENERAL INFORMATION — PLEASE PRINT OR TYPE

Name _____ Social Security # _____

Address _____

State _____ Zip _____ Phone _____

Date of birth _____ Place of birth _____ Gender: Male _____ Female _____

Primary language _____ Secondary language _____

Marital Status: Married _____ Single _____ Widow/er _____ Divorced _____ Separated _____

Current or former occupation _____

Is there anyone helping you with your application? If so, may we contact them? Yes _____ No _____

Name _____ Relationship _____

Address _____ Phone _____

Do you own your home or rent? Own _____ Rent _____ How many years? _____

Type of housing you live in: Apartment _____ Single-family _____ Multi-family _____ Condo _____ Other _____

Where did you live prior to this? _____

What is your gross monthly income? \$ _____

Do you own a car? _____ Do you intend to retain it? _____ Do you drive yourself regularly? _____

Who helps you at home? _____

How do they help you? _____

Do you have any services to assist you at home? If so, please list service agencies and the types of assistance they provide _____

What is the reason you are considering daycare services? _____

Are you currently in a skilled nursing facility/rehab? Yes _____ No _____

Name of facility: _____ Location: _____

GROSS MONTHLY INCOME

Social Security: \$ _____

Pension: \$ _____ Company _____

Address: _____

Annuity: \$ _____ Company _____

Address: _____

Trust Account: \$ _____ Company _____

Address: _____

Total gross monthly income: \$ _____



CARING TREE ADULT MEDICAL DAYCARE

Daily Living

Please print or type

How do you enjoy spending your time? What hobbies do you have? _____

Please use an "X" to describe yourself in the following areas:

TASK	SOME ASSISTANCE	FULL ASSISTANCE	COMMENTS
Preparing Meals			
Eating			
Housekeeping			
Laundry			
Bathing			
Finances			
Shopping			
Transportation			
Dressing			
Walking			

What other assistance do you feel you need? _____

What special equipment or devices do you require? _____

Medical and Insurance Information

Physician's Name _____ Phone # () _____

Address _____ City _____ State _____ Zip _____

What medical/health problems do you have? _____

What medications are you taking at the present time? _____

Do you require assistance/reminders to administer your medication(s)? Yes _____ No _____

Do you require assistance with a special diet or eating? Yes ___ No ___ (describe) _____

Do you smoke? Yes _____ No _____

Please list all your medical insurances, including supplemental and long term care _____

Signature of Applicant _____ Date of Application _____