

**STEPHENS CAMPUS ADULT DAY PROGRAM
GREELEY CENTER FOR INDEPENDENCE, INC.**

Dear Applicant:

Thank you for your interest in the Greeley Center for Independence specialized adult day program at Stephens Brain Injury Campus.

IN THIS DOCUMENT you will find an application packet, admission and discharge criteria, and basic services provided.

You will need to complete and submit the application materials in full to be considered for services.

The Greeley Center for Independence assessment process is as follows:

1. You complete all application paperwork and mail it to Stephens Brain Injury Campus.
2. The Director of Outpatient Services and the Day Program Coordinator will first review each completed application packet.
3. If your needs are generally consistent with Greeley Center or Independence Adult Day Program criteria, the Director of Outpatient Services or the Program Coordinator will contact the applicant to set up a trial day where the applicant can come to the program for a day.
4. Day Program Staff will assess the applicant during the trial day to evaluate if he/she is appropriate for the program.
5. Once all of the assessment components have been completed the Director of Outpatient Services will compare the client's behavior, functional levels, and safety with the established admission criteria to determine the appropriateness for admission to the program.
6. Director of Outpatient Services or Day Program Coordinator will contact applicant or family by phone to set up a start date and answer any questions if the applicant is approved. If the applicant is found to not meet the admission criteria, it will be explained to the applicant or family what criteria were not met.

Thank you again for your interest!

Greeley Center for Independence, Inc.

**STEPHENS CAMPUS ADULT DAY PROGRAM
GREELEY CENTER FOR INDEPENDENCE, INC.
POLICY AND PROCEDURE**

Title: Admission and Discharge criteria

Policy: To qualify participants that can be appropriately served

ADMISSION CRITERIA

1. The day program has the capacity to safely provide applicant's care needs.
2. Applicant must be responsible for his/herself or have a designated legal Power of Attorney.
3. No current illegal drug or alcohol use during day program hours or which may influence behavior during day program hours. Smokers must demonstrate safe smoking practice. Smoking is permitted outside the building the day program is operating in.
4. Applicant does not demonstrate self-destructive tendencies, or has abusive behavior towards caregivers or peers.
5. Applicant must have sufficient resources to pay for services received and be willing and able to make payments on time.
6. The following are reasons why applicant can not be admitted:
 - a. Is consistently, uncontrollably incontinent of bladder unless the participant or staff is capable of preventing such incontinence from becoming a health hazard.
 - b. Is consistently, uncontrollably incontinent of bowel unless the client is totally capable of self-care.

CONDITIONS FOR DISCHARGE

1. The participant no longer meets one or more of the admissions criteria.
2. If the agency determines it is no longer able to meet the client needs, a recommendation for alternative programming may be made after consultation with the case manager or clients family/decision maker.
3. Nonpayment of basic services, in accordance with the provider agreement.
4. Failure of the participant to comply with written policies or rules of the day program.
5. When a participant poses a danger to self or other participants.

Greeley Center for Independence, Inc. does not discriminate in the provision of services or in any other manner on the grounds of race, color, creed, religion, gender, handicap or national origin.

**STEPHENS BRAIN INJURY CAMPUS ADULT DAY PROGRAM
APPLICATION**

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Applicant's Name: _____ Date of Birth _____
Applicant's Social Security Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone#: _____

Name of person filling out form: _____ Relationship: _____
Emergency Contact:
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone#: _____

Do you have a Guardian? Yes _____ No _____ If yes, who:
Name _____
Address: _____
City: _____ State: _____ Zip: _____
Phone#: _____

Do you have a Conservator? Yes _____ No _____ If yes, who:
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone#: _____

Do you have a Durable Power of Attorney? Yes _____ No _____ If yes, who:
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone#: _____

Date of Injury/Illness: _____
Describe Injury/Illness: _____

PLEASE COMPLETE THE FOLLOWING QUESTIONS WITH AS MUCH DETAIL AS POSSIBLE:

Vision concerns: _____
Hearing concerns: _____
Speech concerns: _____
Balance concerns: _____

Walking concerns: _____

**STEPHENS BRAIN INJURY CAMPUS ADULT DAY PROGRAM
APPLICATION**

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What is your general mode of mobility?(wheelchair, walker, cane) _____

Are you independent with transfers from your wheelchair? Yes _____ No _____

If no, what kind of assistance do you need?: _____

Do you need weight shifts? Yes _____ No _____

If yes, how often do you do weight shifts? _____

Do you need assistance in performing your weight shift? Yes _____ No _____

Do you require assistance walking on flat surfaces? Yes _____ No _____

If yes, please explain: _____

Do you require assistance walking on rough surfaces? Yes _____ No _____

If yes, please explain: _____

Describe your present bowel and bladder management needs: _____

Eating/swallowing concerns: _____

What memory difficulties do you have: _____

Do you get angry easily? Yes _____ No _____

If yes, what causes this? _____

What are the best ways to calm you down? _____

How would you rate your frustration tolerance?(check below)

Never frustrated _____ Sometimes frustrated _____ Always frustrated _____

What causes you to become frustrated? _____

Do you ever verbally lose control? Yes _____ No _____

Do you ever physically lose control? Yes _____ No _____

Do you ever experience depression? Yes _____ No _____

Do you ever experience paranoia? Yes _____ No _____

What fears do you have? _____

Are you currently receiving psychotherapies or psychiatric treatment? Yes _____ No _____

If yes, please explain the focus of treatment? _____

Name of person providing treatment and phone #: _____
Name Phone #

Name and phone # of current physician: _____
Name Phone #

STEPHENS BRAIN INJURY CAMPUS ADULT DAY PROGRAM
APPLICATION

MEDICATIONS

Name of Medications & Amount

Taken For

CONTINUE LIST OF MEDICATIONS ON BACK OF THIS PAGE OR PROVIDE SEPARATE LIST.

Do you have Medicaid? Yes _____ No _____

Do you have HCBS? Yes _____ No _____

Name of HCBS case manager: _____ Phone# _____

Do you have Medicare? Yes _____ No _____

Name of other insurance coverage: _____

Do you experience seizures? Yes _____ No _____

If yes, please describe: _____

If yes, are they controlled by medications? Yes _____ No _____

What is the date of your last seizure? _____

What allergies do you have? _____

Do you have heart problems? Yes _____ No _____

If yes, please explain: _____

Describe your living arrangements (please check):

In own house _____ With family _____ In own apartment alone _____

On own apartment with roommate _____ Other _____

How do you usually get around (please check)?

Bus _____ Special transit _____ Arrange rides _____ Bike _____ Drive yourself _____ Other _____

OTHER INFORMATION NEEDED WITH APPLICATION

1. If receiving psychological services, a letter from the person providing services. It should explain the psychological condition of applicant and any concerns the providing person has.

Please return to:

Stephens Brain Injury Campus.
2778 Reservoir Road
Greeley, CO 80634

If you have any questions please call Adelita Romero at 970-330-2621 or Rob Rabe at 970-339-2444.

**STEPHENS CAMPUS ADULT DAY PROGRAM
GREELEY CENTER FOR INDEPENDENCE, INC.
POLICY AND PROCEDURE**

Title: Operating days and hours

Policy: The hours and days of the week participants will be served.

The Adult Day Services operates Monday through Friday from 8:00am to 4:00pm with core attendance hours from 9:00am to 3:00pm. Schedules will be adapted to meet individual client needs.

**STEPHENS CAMPUS ADULT DAY PROGRAM
GREELEY CENTER FOR INDEPENDENCE, INC.
POLICY AND PROCEDURE**

Title: Personal belongings

Policy: Personal items that participants can bring with them.

Participants will be provided with storage space for their personal belongings. They may store their personal belongings, a change of clothing, etc. in this space. It is highly recommended that participants should not bring valuables or excessive cash to the program. Adult Day Program will not be responsible.

ILLNESS

If you are sick, please do not attend Adult Day Services. Notify the staff as soon as possible that you will not be attending the program.

MEDICAL AND OTHER APPOINTMENTS

Please provide staff with advanced notice of scheduled medical or other appointments. This will allow us to adjust your schedule to allow for these appointments with a minimum of disruption.

CONFIDENTIAL TREATMENT

You have the right to confidentiality of your medical and personal records. Information will not be released or shared with persons or institutions not members of Greeley Center for Independence, Inc. staff unless expressly permitted by you in writing.

RESPITE CARE

Greeley Center for Independence does not provide respite care in the Adult Day Services Program.

**STEPHENS CAMPUS ADULT DAY PROGRAM
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POLICY AND PROCEDURE**

Title: Basic services provided

Policy: Activities, staff, meals and special nourishment including special diets that are provided.

Activities:

Individual and Group activities are available for each client. These activities will focus on issues of social, cultural, and recreational areas to meet clients therapeutic and psychological needs.

Program Staff:

Trained to meet the client's needs that are participating in the Adult Day Service Program. Staff is available to assist and direct client's during activities and to provide supervision as necessary.

Meals:

- Greeley Center for Independence will provide a nutritious lunch to all clients attending Specialized Adult Day Services Program during the lunch hours.
- Nutritious snacks will be provided two times a day, approximately at 10:00am and 2:00pm.
- Individual meals and snacks will be prepared and given to individuals with other special diet needs/restrictions (soft, pureed, low sugar, low carbohydrates).
- We are not able to accommodate individuals who require feeding tubes or who have severe swallowing difficulties.
- The Specialized Adult Day Services Program has a Colorado Retail Food Establishment license. The Weld County Department of Public Health and Environment inspects the program at least once a year to insure that we continue to meet the guidelines and rules for a Colorado Retail Food Establishment license.

Program participants will be monitored for general appearance, condition of adaptive/medical equipment, and apparent nutritional status.