



Dear Applicant,

Thanks for your interest in Grace Adult Day Health care; we look forward to partnering with you and your family in your life journey.

Enclosed, please find the application package you have requested. If you have any questions, feel free to contact our social work department for assistance (408) 731-8686. The Grace Intake Coordinator will contact you upon receiving your application.

Here is what you need to apply:

If you already belong to a Managed Health Plan, please visit your health care provider to complete the Grace Physician Health Assessment form along with TB clearance. The completed package can be faxed, mailed, or hand delivered.

If you don't yet belong to a Managed Health Plan, please contact: 1-844-580-7272

- Santa Clara County residents can choose between Anthem Blue Cross and the Santa Clara Family Health Plan
- Alameda County residents can choose between Anthem Blue Cross and Alameda Alliance
- For Farsi please call: 1-800-840-5034
- For Mandarin please call: 1-800-576-6885
- For Vietnamese please call: 1-800-430-8008
- For Spanish please call: 1800-430-3003

Who is Eligible?

Individuals may be eligible if they have:

- A medical condition that requires treatment or rehabilitative services prescribed by a physician
- A physical and/or mental impairment that handicap activities of daily living, but not so serious as to require 24-hour institutional care
- A reasonable expectation that preventative services will maintain or improve the present level of functioning
- A high chance of further deterioration and probable institutionalization if ADHC services were not available

What is Program Cost?

For those persons eligible, Medi-Cal, or Managed Health Plan, or VA, or LTC Insurances may cover the entire program cost.

For Private Pay clients without Medi-Cal insurance, you only need to complete the application along with the TB test. To get more information and cost for Private Pay clients, please call the center at (408) 731-8686.

Meals and Transportation

Nutritious breakfast, hot lunch, and snacks daily. Safe, reliable, door-to-door transportation is available in most Santa Clara County and Fremont.

Sincerely,

Grace Adult Day Health care



GRACE ADULT DAY HEALTH CARE

Applicant Information

Last Name: _____ First Name: _____ Date of Birth: _____
Address: _____ City: _____ Zip code: _____
Home Phone: _____ Mobile _____ Email: _____
Type of Residents: House Apartment Residential Care Facility ICF/DD-H

Medical Number: _____ Issue Date: _____ Medicare Number: _____
Managed Care Organization: Anthem Alliance SCFHP SSN: _____

Health Information:
Last Hospitalization: _____ Reason _____
Last ER visit: _____ Reason _____
History of Aggression: __Y__ __N__ History of Wandering: __Y__ __N__
Last Fall: _____ Assistive Device: __Walker__ __Cane__ __Wheelchair__

Feeding: Independent Needs Assistance Needs Supervision
Toileting: Independent Needs Assistance Needs Supervision
Walking: Independent Needs Assistance Needs Supervision
Daytime Medication Administration: Independent Needs Assistance Needs Supervision
Transportation to Medical Appointments: Independent Needs Assistance Needs Supervision

Emergency Contact:
Last Name: _____ First Name: _____ Relationship: _____
Address: _____ City: _____ Zip code: _____
Home Phone: _____ Mobile _____ Email: _____

Secondary Contact
Last Name: _____ First Name: _____ Relationship: _____
Address: _____ City: _____ Zip code: _____
Home Phone: _____ Mobile _____ Email: _____

Please list ALL active treating physicians

Physician	Name	Address	Phone	Fax
Primary Care				
Cardiologist				
Psychiatrist				
Other:				

Referred By: _____ Reason for CBAS services: _____
Completed by: _____ Date: _____

