Grace Adult Day Health Care
Community-Based Adult Day Services (CBAS)
Participant information

Dear Applicant,

We appreciate your interest in Grace Adult Day Health Care and are excited to partner with you and your family on your life journey.
Enclosed, you will find the application package you requested. If you have any questions, please contact our Social Work Department for assistance at (408) 727-6280.

Individuals may be eligible:

- To be eligible for ADHC services, individuals must meet the following criteria:
- They should have a medical condition that requires treatment or rehabilitative services, which are prescribed by a physician.
- They should have a physical and/or mental impairment that makes it difficult to carry out daily activities. However, the impairment should not be so severe that it requires 24-hour institutional care.
- They should have a reasonable expectation that preventative services will maintain or improve their current level of functioning.
- There should be a high chance of further deterioration and probable institutionalization if ADHC services are unavailable.

What is The Program Cost?
If you are eligible, the Medi-Cal Managed Health Plan, VA, or LTC Insurance may cover it entirely. For private pay clients, please call the center at (408)727-6280.

Meals and Transportation
Nutritious breakfast, hot lunch, and snacks are provided daily. Safe, reliable door-to-door transportation is offered in most Santa Clara County and Fremont areas.

To apply, please follow the steps below:

- Compete the applicant's information.
- If you are already a member of a Managed Health Plan, visit your healthcare provider to complete the Grace Physician Health Assessment form and obtain TB clearance.

After completing the package, you may submit it by fax, mail, or in-person delivery. **Please avoid emailing the package to protect your sensitive information.**
Once we receive your application, our Intake Coordinator will contact you.

If you still need to enroll in a Managed Health Plan, we recommend contacting 1-844-580-7272.
Depending on the county in which you reside, you may have the option to choose from offered Managed Care Organizations (MCOs).

- Santa Clara County residents can choose Anthem Blue Cross, Santa Clara Family Health Plan, and Kaiser.
- Alameda County residents can choose between Anthem Blue Cross and Alameda Alliance.
- For Farsi, please call1-800-840-5034
- For Mandarin, please call1-800-576-6885
- For Vietnamese, please call: 1-800-430-8008
- For Spanish, please call 1800-430-3003

GRACE Adult Day Health Care
3010 Olcott Street Santa Clara, CA 95054 - Tel: (408)727-6280, Fax: (408) 516-9527

Grace Adult Day Health Care
Community-Based Adult Day Services (CBAS)
Participant information

Last Name: _____ First Name: _____ Date of Birth: _____ /_____ /_____ Sex: _____

Address: _____ City: _____Zip code: _____

Home Phone: _____ Mobile _____

Email: _____ Primary Language: _____

Medi-Cal Number: _____ Issue Date: _____	Medicare Number:_____	SSN: _____

Managed Care Organization (MCO):

☐ Alameda Alliance ☐ Anthem Blue Cross. ☐ HPSM ☐ Kaiser ☐ SCFHP ☐ VA

Type of Residents:

☐ House ☐ Apartment ☐ Residential Care Facility ☐ ICF/DD-H

Living Arrangement:

☐ Alone ☐ Relative (specify) _____ ☐ Other (specify) _____

Emergency Contact:

Last Name: _____ First Name: _____ Relationship to Participant: _____

Email: _____

Address: _____ Mobile: _____ Home Phone _____

Primary Caregiver

Last Name: _____ First Name: _____ Relationship to Participant: _____

Email: _____

Address: _____ Mobile: _____ Home Phone _____

Health Information:

Last Hospitalization: _____ Reason _____. ☐ N/A

Last ER visit: _____ Reason_____ Last Fall: _____ Reason: _____ ☐ N/A

3010 Olcott Street Santa Clara, CA 95054 - Tel: (408)727-6280, Fax: (408) 516-9527

Grace Adult Day Health Care
Community-Based Adult Day Services (CBAS)
Participant information

History of Aggression: ☐ Y ☐ N If yes, explain: _____

History of Wandering: ☐ Y ☐ N If yes, explain: _____

Assistive Device: ☐ Walker ☐ Cane ☐ Wheelchair ☐ _____

Daily Activities	Independent	Needs Supervision	Needs Assistance
Ambulation	☐.	☐.	☐.
Bathing	☐.	☐.	☐.
Dressing	☐.	☐.	☐.
Self-Feeding	☐.	☐.	☐.
Toileting	☐.	☐.	☐.
Transferring	☐.	☐.	☐.
Accessing Resources	☐.	☐.	☐.
Hygiene	☐.	☐.	☐.
Meal Preparation	☐.	☐.	☐.
Medication Management	☐.	☐.	☐.
Money Management	☐.	☐.	☐.
Medication Administration	☐.	☐.	☐.
Transportation to Medical Appointments	☐.	☐.	☐.

Please list all active treating physicians

Care Provider	Physician Name	Address	Phone	Fax
Primary Care Physician				
Cardiologist				
Psychiatrist				
Other:				

Referred by: _____

Reason for referral: _____

Completed by: _____ Date: _____

3010 Olcott Street Santa Clara, CA 95054 - Tel: (408)727-6280, Fax: (408) 516-9527