A close up of a logo

Description automatically generated Phone: (470)-251-4450

Website: Ohana-day.org

Email: [donica@ohana-day.org](mailto:donica@ohana-day.org)

**INSTRUCTIONS:** Fill out all requested information in the shaded areas and boxes on this form and email to [donica@ohana-day.org](mailto:donica@ohana-day.org). Once form is received, we will contact you to schedule your free 2-hour visit.

**ON-LINE REGISTRATION FORM**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | | | | | | | |
| First Name: Enter Text Here | | | | Last Name: Enter Text Here | | | | | MI: Enter Text Here |
| Address: (Street, City, State, Zip) Enter Text Here | | | | | | | | | |
| Phone Number: Enter Text Here | | | Email Address: Enter Text Here | | | | | | |
| Age: | Male Female | Marital Status: MarriedDivorcedWidow Never Married | | | | | | | |
| Who does applicant live with? Enter Text Here | | | | | | Relationship: Enter Text Here | | | |
| **APPLICANT HEALTH HISTORY** | | | | | | | | | |
| List any major health conditions: Enter Text Here | | | | | | | | | |
| Primary Care Physician: Enter Text Here | | | | | Dietary Requirements: (please check)  Regular Low-sodium Diabetic  Other, please specify: Enter Text Here | | | | |
| Is supervision or help required with medications?  (please check) NoYes If yes, please explain: Enter Text Here | | | | |
| What assistance, if any, is required in the following areas: (please check applicable boxes and explain)  Walking or Standing (Explain) Enter Text Here  Toileting (Explain) Enter Text Here  Bathing (Explain) Enter Text Here  Eating (Explain) Enter Text Here | | | | | | | | | |
| Requested Start Date: Click or tap to enter a date. | | | | | F/T (≥ 5hrs. daily)P/T (< 5hrs. daily) | | | | |
| Days Requested: (Please check) Mon Tue Wed Thurs Fri | | | | | | | | | |
| What additional special needs does the applicant have, if any? (i.e., need for socialization, supervision, medical assistance, wound changing, bathing…) Enter Text Here | | | | | | | | | |
| Person completing this form: Enter Text Here | | | | | | | | Contact Number: Enter Text Here | |
| Relationship to Applicant: Click or tap here to enter text . | | | | | | | Email: Click or tap here to enter text. | | |

**PLEASE EMAIL COMPLETED FORM to** [**donica@ohana-day.org**](mailto:donica@ohana-day.org)**. Thank you!**