OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Case number: _____
County number: _____

Adult Day Services Referral/Application

A. Participant information:

Name			Date of birth
Social Security number	U.S. citizen ☐ Yes ☐ No	If no, alien registration number	
Gender ☐ Male ☐ Female	Race ☐ White ☐ American Indian ☐ Asian ☐ Hispanic or Latino ☐ Black/African American ☐ Hawaiian/Pacific Islander		
Marital status	Case number	County	
Mailing address		Home phone	
Finding address		Message phone	
Any biological children (under age 18) living in the household? ☐ Yes ☐ No			

Spouse information:

Name			Date of birth
Social Security number	U.S. citizen ☐ Yes ☐ No	If no, alien registration number	
Gender ☐ Male ☐ Female	Race ☐ White ☐ American Indian ☐ Asian ☐ Hispanic or Latino ☐ Black/African American ☐ Hawaiian/Pacific Islander		
Marital status	Case number	County	
Mailing address		Home phone	
Finding address		Message phone	
Any biological children (under age 18) living in the household? ☐ Yes ☐ No			

B. Authorized representative information:

Name	Daytime phone

Relationship to participant	Age	Gender ☐ Male ☐ Female
Address		

C. Income documentation:

Source	Participant monthly gross income	Spouse monthly gross income	Documentation
1. Wages or salary			
2. Self-employment, non-farm			
3. Self-employment, farm			
4. Social Security			
5. Dividends, interest			
6. Pensions, annuities			
7. Unemployment compensation			
8. Workers' compensation			
9. Alimony			
10. Child support			
11. Veterans' benefits			
12. TANF, A, B, D, and SSI			
13. Other			
TOTAL			

D. Income computation:

OKDHS use only:

Family size: _____

Financial status:

- ☐ Eligibility predetermined
- ☐ Monthly income determination
  - Total monthly income _____
  - - Work related expense _____
  - = Total adjusted income _____
- ☐ Co-payment _____

☐ **Eligible** ☐ **Ineligible**

_____ _____

Worker signature Date

Adult Day Services Program participant and authorized representative responsibilities

When you ask for help from OKDHS, you have a right to:

- Receive equal treatment regardless of race, color, age, sex, disability, religion, political belief, or national origin; and
- Ask for a fair hearing, either orally or in writing, if you disagree with any action taken on your case. Any person you choose may represent you at the hearing.

I agree to:

- notify OKDHS of any changes in the amount of my income (received from any source) or my spouse's income and any change in the size of my family. I further agree to make this notification within ten days of the change in income or size of family;
- notify OKDHS if there is any change concerning the person to be contacted in case of emergencies;
- be responsible to promptly pay or make arrangements to pay the day services center any co-payment; and
- notify OKDHS of any change of address and/or phone number for myself, spouse or authorized representative.

I understand that my adult day services may be terminated if:

- it is determined that I am a danger to myself or others;
- my family member or my authorized representative is verbally abusive or otherwise poses a threat to the safety and well-being of the staff or participants of the center or to official representatives of OKDHS; or
- I, my family member, or authorized representative fails to cooperate with the adult day services delivery care plan, including failure to pay any applicable co-payments for which I am responsible.

I agree to the participant responsibilities as shown on this page. I agree to provide OKDHS all information necessary to verify any statements made in the application and hereby give permission to OKDHS to obtain such verification. I affirm under penalty of perjury that this application is complete and correct to the best of my knowledge and belief. I understand and agree that if any statement is false and results in my receiving benefits for which I am not eligible, I am subject to prosecution for fraud. I understand that if my application is not completed within 30 days, I have a right to request a fair hearing.

Read this information and then sign below:

- I give OKDHS permission to check the information I gave on this form to make sure it is true.
- I understand that the names and Social Security numbers I gave will be used to obtain information from other state and federal agencies.
- I give OKDHS permission to share information with other agencies.

Applicant/authorized representative signature	Date
Spouse signature	Date
Adult day services representative signature	Title
Adult day services center	Phone