

GOODWILL ADULT DAY SERVICES
 923 HILLTOP DRIVE
 LAWTON, OKLAHOMA 73507

Trial Visit Form

Guest Participant's Name: _____ Age _____
 Please Print Clearly

Activities of Daily Living (ADL): Check ADL's requiring help from the staff

Eating _____
 Toileting _____
 Walking _____
 Others (explain please) _____

Source of Payment:

Medicaid _____ Medicare _____ Aging Services _____ DDS _____ Advantage _____
 Private Pay _____ Long term Care Insurance _____ Other _____

Former Job/Profession: _____

Interest/Hobbies: _____

Additional Information: _____

Dietary Requirements:

Restricted or special _____ Diabetic _____ Chopped food _____ Pureed _____

Provide Two Emergency Contacts: (bring name and telephone number on the trial visit)

Provide a complete change of clothing and any personal care items.

To be completed by Goodwill only:

	Dates	Staff	comments
Date of first inquiry			
Date of trial visit			
Follow-up mailed			
Follow-up contact			
Support info mailed			
Enrollment date			