

AUTHORIZATION LETTER

This statement is to certify that(reci			
can participate in an Adult Day Care for socialization, activities and supervision.			
Signature (Dr., Nurse)	Printed Name		
Date	State License# (Required)		
Recipient's Primary Diagnosis			



Client's Name		
Home Address		
City/Zip		
Home Phone #		
Cell #		
Email		
DOB		
Diagnosis if any		
Responsible Party		
Responsible Party Contact #		
What day and hours do you prefer		
Whom may we thank for referring you to our office?		
MEDICAL/ALLERGY INFORMATION		
Is the client taking any medications at this time? YES / NO If yes, please list		
Has the client had a cough for more than 3 weeks? YES / NO If yes, please list		
Has a cough which is productive YES / NO If yes, please list		

		
EXPRESSIVE LANGUAGE & COMMUNIC	CATION SKILLS (circ	cle all that apply)
Gestures/Points Babbles/Vocal	lize Imitates	Sounds Uses Single Words
Uses Simple phrases Uses Sentence	es Maintair	ns Convo Requests wants/needs verb
Comments related to communication		
How would you like our staff to assist	the client to improv	ve their language or communication skills?
EVE CONTACT DECEDENCE ANGLIAGE	& IMITATION SKILL	
EYE CONTACT, RECEPTIVE LANGUAGE	& IVITATION SKILL	LS
EYE CONTACT, RECEPTIVE LANGUAGE Makes eye contact when called YES /		LS
	NO	Follow simple directions
Makes eye contact when called YES /	NO eye contact	
Makes eye contact when called YES / nitiates eye contact Avoid Follow Multiple Step Directions YES / N	NO eye contact	
Makes eye contact when called YES / Initiates eye contact Avoid Follow Multiple Step Directions YES / N	NO eye contact	
Makes eye contact when called YES / Initiates eye contact Avoid Follow Multiple Step Directions YES / No Identifies Body Parts on self-YES / NO	NO eye contact	
Makes eye contact when called YES / nitiates eye contact Avoid Follow Multiple Step Directions YES / N dentifies Body Parts on self-YES / NO	NO eye contact NO	
Makes eye contact when called YES / nitiates eye contact Avoid Follow Multiple Step Directions YES / N dentifies Body Parts on self-YES / NO SELF-HELP /DAILY SUPPORT NEEDS ndependently Uses the Restroom YES	NO eye contact NO	
Makes eye contact when called YES / nitiates eye contact Avoid Follow Multiple Step Directions YES / N dentifies Body Parts on self-YES / NO SELF-HELP /DAILY SUPPORT NEEDS ndependently Uses the Restroom YES Remains Dry in Toileting Schedule YES,	NO eye contact NO	
Makes eye contact when called YES / Initiates eye contact Avoid Follow Multiple Step Directions YES / N Identifies Body Parts on self-YES / NO SELF-HELP /DAILY SUPPORT NEEDS Independently Uses the Restroom YES Remains Dry in Toileting Schedule YES, Independent Hand Washing YES / NO	NO eye contact NO / NO / NO	

FEEDING (circle all that	apply)		
Self feeds finger food	Independent with utensils	feeding tube	requires physical assist
Drinks from a straw	Drinks from an open cup	Food presents	as a choking hazard
Comments / special ins	structions related to feeding _		
How would you like ou	r staff to assist your loved one	to improve his/he	er feeding skills?
	Market		V 100 V CONTROL STANDS PAR IN THE STANDARD WAY
VISUAL PERFORMANCI independently)	E AND FINE MOTOR SKILLS (ple single piece puzzles shap		s they can complete es identical objects
Cuts with scissors	turn pages of a book write	es letters/numbers	copies shapes
Comments related to v	risual performance & fine moto	or skills	
			150
How would you like ou	r staff to assist the client in im	proving his/her fe	eding skills
GROSS MOTOR SKILLS	(circle all that apply)		
Sits up alone walkin	g running knee	ling jumps	throws a ball
Catches a ball climbs	stairs uses walker/cane	uses crutches	uses a wheelchair
Wears AFO's/Leg Brace	25		
Comments related to g	ross motor skills		
How would you like ou	r staff to assist the client to im	prove his/her gros	ss motor skills
BEHAVORIAL AND SAF	ETY CONCERNS (circle all that a	apply) aggres	sive towards self
Personal boundaries	frequent/intense tantrums	destroys prope	erty flight risk
Aggressive towards oth	ners hyperactive sexu	al acting out	inappropriate language

Repetitive behaviors puts objects in mouth poor balance/coordination
Other behavioral notes
ASSITIVE /PROTECTIVE DEVICES
ASSITIVE / PROTECTIVE DEVICES
Does your loved one use an assistive device Vision Hearing Dental
Comments related to the assistive device
Does the client use a protective device? YES / NO If so, please explain



I	the responsible party of
	on for Ray of Sunshine Adult Day Care LLC to take photographs and/or video for educational and assessment purposes.
	rmission for Ray Of Sunshine to take photographs and/or video for educational and assessment purposes.
	for Ray of Sunshine Adult Day Care LLC to take photographs and/or video for marketing/public relations purposes
	mission for Ray of Sunshine Adult Day Care LLC to take photographs and/or client for marketing/public relations purposes
Give my permission t	for students/interns to observe the consumer during the Adult Day Care

Care Program	
•	
Guardian/Responsible Party	Date