

Advanced Adult Day Health Care Center
 2315 Kuehner Dr. Suite 121, Simi Valley, CA 93063
 TEL: (805) 526-7631 FAX: (805) 864-2664

Enrollment Form

Last Name:		First Name:		Middle Name:	
Date of Birth:		Gender:		Social Security Number	
Phone Number:		Secondary Phone:		Email Address:	
Enrollment Date:		Medi-Cal (State Benefits) Number:		Medi-Cal (State Benefits) Issue Date:	
Medi-Cal Managed Care Provider: <input type="radio"/> Gold Coast Health Plan <input type="radio"/> America's Health Plan <input type="radio"/> Anthem Blue Cross <input type="radio"/> Blue Shield <input type="radio"/> Molina <input type="radio"/> Other <input type="radio"/> Health Net <input type="radio"/> Kaiser <input type="radio"/> Self Pay <input type="radio"/> LA Care <input type="radio"/> Scan Member ID _____					
Ethnicity:		<input type="radio"/> American Indian or Alaskan		<input type="radio"/> Asian	
		<input type="radio"/> Black or African American		<input type="radio"/> White	
		<input type="radio"/> Pacific Islander		<input type="radio"/> Latino	
Speaks English?		<input type="radio"/> Yes <input type="radio"/> No		Preferred Language:	
Home / Pick up Address:					
City:				Zip Code:	Gate Code:
Non-Emergency Contact:		Phone:		Relationship to Participant:	
		Email:			
Emergency Contact:		Phone:		Relationship to Participant:	
		Email:			
Additional Contact:		Phone:		Relationship to Participant:	
		Email:			
Additional Contact:		Phone:		Relationship to Participant:	
		Email:			
Primary Care Physician:		Phone:		Address:	
		Fax:			