



TOWN OF ENFIELD
ENFIELD ADULT DAY CENTER
1 A BEECH ROAD
ENFIELD, CT 06082
PHONE: (860) 763-7537
FAX: (860) 763-7584

Instructions for Completing Forms for Admission

Dear Client/Family Member,

Please complete the following forms and return them to the Adult Day Center:

- Application/Emergency information for admission
- Client waiver (acknowledgement and consent) for service
- Child & Adult care food program-Income eligibility application (required by State of CT)
- Form 5-consumer registration form (required for grant funding application)
- Physician's report (to be completed by physician)
- Risk assessment for tuberculosis screen

Please have the Physician complete the physician's report and return it to the Adult Day Center.

The remainders of the forms are for you to keep. We will be glad to assist you if you have any questions about completing the forms. We thank-you for your interest in the Adult Day Center and look forward to providing you with the care and concern that you or your family member deserve.