

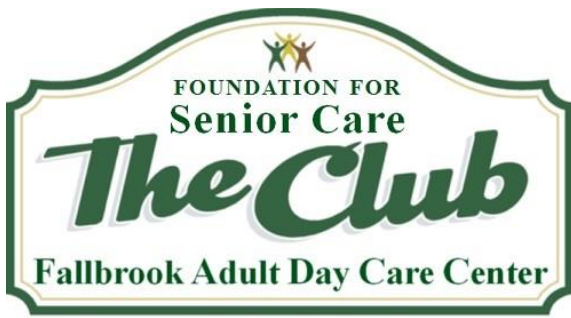
2016-2017 “The Club” Scholarship Information

Thank you for considering applying for the Foundation for Senior Care, Fallbrook Adult Day Care Center, “The Club” Scholarship. Our mission as a nonprofit organization is to provide services, resources, and programs that enrich and provide wellbeing to the lives of seniors in our community.

This scholarship is available through a health service contract-grant that we received from the Fallbrook Healthcare District. In order to qualify for this scholarship applicants must meet certain eligibilities. The term of this scholarship runs from July 1 – 2016 until June 30, 2017. Continued scholarship after 2017 will be considered if funding is available at that time. This scholarship will provide for two days per week for 50 weeks of care through the Fallbrook Adult Day Care Program, “The Club”. While transportation to and from “The Club” is available through the Care Van, we ask participants to consider making a \$5 per day donation to cover those transportation expenses. All potential clients must complete “The Club” application and provide the required documents and physician’s report as noted in the application packet.

- 1) Residence: Must live within the Fallbrook Healthcare District service area. Fallbrook, Rainbow, DeLuz, Bonsall.
- 2) Low-Income: The terms of our grant contract require that we offer this scholarship to individuals who meet low-income classifications as defined by Housing and Urban Development (HUD) guidelines. San Diego County annual gross income limits by persons in family home (1 = \$47,600, 2 = \$54,400, 3 = \$61,200, 4 = \$68,000, 5 = \$73,450, 6 = \$78,900). Please visit the website listed below for full details and explanation of how these figures are determined.
<https://www.huduser.gov/portal/datasets/il/il2016/2016summary.odn>
- 3) Preference: Scholarships will be made to new clients when possible. Current and or previous clients will be considered on a case by case basis or as funding permits.
- 4) Data Collection: “The Club” Administrator will be gathering health indicator information each month on all scholarships applicants. This data includes Blood Pressure, Upper Arm Circumference – as a measure of overall weight, and tracking falls and slips – as reported by the client and/or representative. While we ask that participants agree to this data collection, clients can opt out without risk to their scholarship opportunity.

For additional information about this scholarship opportunity please contact either Susan Crivello, Center Administrator or Rachel Mason the Executive Director. General inquiries can be addressed by calling 760.723.7570.



Foundation for Senior Care 501(c)(3) Tax ID # 95-3389263
 Fallbrook Adult Day Care Lic. # 374601769

Scholarship Application for The Club

The Foundation for Senior Care is a nonprofit organization that seeks grants and donations to support our programs. Our grant funders have asked that we gather data on those we provide services. Please provide information about your financial status below. Additionally, we may ask questions about the client's health, wellness and other lifestyle indicators. Without this information we may not be able to continue to offer services, so we hope that you are willing to help by answering these questions. Thanks you for your understanding and for sharing this information with us. All data is combined and completely anonymous.

Client Name: _____

Age: _____

Ethnicity: Please select only one

<input type="radio"/> Caucasian/White	<input type="radio"/> Hispanic
<input type="radio"/> African-American/Black	<input type="radio"/> Asian/Pacific Islander
<input type="radio"/> Native American	<input type="radio"/> Other/decline <small>(specify)</small>

Caregiver/ Guardian:	Relationship to client:
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Mailing
Address: _____

Primary Phone: _____	Back-up phone: _____
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Email: _____

What is your gross annual income	How many persons/family members are living in the home
Does this income result from Social Security <input type="radio"/> Yes <input type="radio"/> No	Does this income represent more than 50% of your annual income <input type="radio"/> Yes <input type="radio"/> No
State or Federal Disability <input type="radio"/> Yes <input type="radio"/> No	Does this income represent more than 50% of your annual income <input type="radio"/> Yes <input type="radio"/> No

As of March 2016 the rate for the day program is \$70 per day. Based on your current financial situation, how many days could your family afford each month?

Data from health assessments will be tracked and may be used by the Foundation for Senior Care, Care Advocates for the purpose of continuing education and to help us secure grant funding for "The Club". If there are any questions of concerns, please do not hesitate to contact "The Club" Center Administrator or the Executive Director at 760.723.7570 or email at theclub@foundationforseniorcare.org.

I hereby authorize "The Club" to use the above information about the client while under the care of the Foundation for Senior Care/Fallbrook Adult Day Care.

Signature: _____

Date: _____