Missouri Adult Day Services Association

2018 Directory Information Form - Page 1

Directory Listing - $150

Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person/Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counties Served \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days of Service\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours of Service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved Licensed Capacity \_\_\_\_\_\_\_\_\_\_\_

**License/Certification:**

🞏 Licensed Adult Day Care Provider by Department of Health & Senior Services

🞏 Licensed by Department of Mental Health

🞏 Other (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Services Provided** (Check all that apply):

**Core Services Social Services Health Care Services**

🞏 Meals 🞏 Social Work 🞏 Health Screening

🞏Transportation 🞏 Counseling 🞏 Health Care

🞏Nursing 🞏 Information & Referral 🞏 Showers/Personal Care

🞏 Socialization 🞏 Support Group (clients) 🞏 Hair Dressing

🞏 Exercise 🞏Support Group (caregivers) 🞏 Podiatry

🞏 Field Trips 🞏 Massage

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**Services Provided Continued** (Check all that apply):

**Therapies Special Services**

🞏 Recreational 🞏 Overnight

🞏 Physical Therapy 🞏 Weekends

🞏 Occupational Therapy 🞏In-home Services

🞏 Speech Therapy

🞏 Pet Therapy

🞏 Music Therapy

🞏Intergenerational Therapy

**Payment Methods Available**

🞏 Medicaid 🞏 Self Pay 🞏Private Insurance 🞏 Sliding Fee Scale

🞏 Grants 🞏 Area Agency on Aging 🞏 Veterans Administration 🞏Alzheimer’s Assoc

🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Information:**

**Your logo:** If you would like your company’s logo in the directory with your listing, please email a clear electronic logo to [diana@moadsa.org](mailto:diana@moadsa.org)

Please return this form with your application and payment to:

MoADSA, 2420 Hyde Park Rd., Suite A, Jefferson City, MO 65109, Phone: 573-634-3566