



**INFINITY ADULT DAY HEALTH CARE CENTER**

5703 CORSA AVENUE, SUITE 100, WESTLAKE VILLAGE, CA 91362

PHONE: (818) 532-6974

FAX: (818) 688-8144

EMAIL: INFINITYADHC@GMAIL.COM

**ENROLLMENT INFORMATION**

<b>FIRST AND LAST NAME</b>
<b>DATE OF BIRTH</b>
<b>ADDRESS</b>
<b>PHONE NUMBER</b>
<b>LAST 4 DIGITS OF SOCIAL SECURITY</b>
<b>MEDI-CAL OR HEALTH INSURANCE ID NUMBER</b>
<b>PRIMARY DOCTOR'S NAME AND PHONE NUMBER</b>
<b>FAMILY/EMERGENCY CONTACT (NAME/RELATIONSHIP/PHONE NUMBER)</b>
<b>ARE YOU CURRENTLY RECEIVING SERVICES FROM ANOTHER CENTER (YES/NO)?</b>

**Please provide us a copy of your ID card, Medi-cal and/or Insurance card, Social Security card, and vaccination card.**