

## Saigon Adult Daycare Center

6589 N Oak Trafficway, Gladstone, Missouri  
64118

saigonadultdaycare@gmail.com  
816-399-4293 & 239-219-2513

Saigon Care is an adult daycare center. We aim to improve the quality of life and to decrease the frequency of hospitalization. To achieve these goals, we have the following agenda:

- 1) Creating a socializing environment to foster a friendly networking, and interaction through entertaining activities.
- 2) Maintain mentally active through problem solving game such as word puzzle, word scramble, karaoke, and outdoor activities such as field trip.
- 3) Improve learning through discussion workshop.
- 4) Maintain physical health through light exercise and easy dancing activities.
- 5) Ensure appropriate and balance nutrition and good personal hygiene
- 6) Health screening and medication therapy management to prevent complication.

Time: 9am-5pm

Day: Monday - Friday

- 1) Breakfast, lunch, snack
- 2) Karaoke music, Bingo, Word Puzzle...
- 3) Discussion workshops
- 4) Yoga, meditation, dancing
- 5) Field trip, picnic, outdoor activities...
- 6) Health screening - blood pressure, blood sugar, cholesterol, temperature.
- 7) Medication Therapy Management, Vaccination, and Monitoring.

## SAIGON CARE



At Saigon Care, we are devoted to your quality of life and health. We offer mental, social, nutrition, personal hygiene, and physical activities for adults who've lost some independence due to chronic health conditions and some cognitive impairments.

- 100% Medicaid funded
- Open to anyone 18 or older
- Open 9AM - 5PM Mon-Fri
- Transportation provided

CALL - EMAIL - TEXT

SAIGON CARE

6589 N. Oak Traffic Way, MO 64118

(816) 255-3509 & cell: (239) 219-2513

[saigonadultdaycare@gmail.com](mailto:saigonadultdaycare@gmail.com)

## QUALIFICATION STEPS

### Qualifications include:

- 1) Have Medicaid of the state of Missouri.
- 2) Two chronic conditions
- 3) Approve by doctor
- 4) Pre-registration to begin the application process

**Note: We are happy and willing to meet and work with individuals, families and case managers to ensure a timely process.**



Registration Form/Đơn Ghi Danh

Applicant's Full Name/Họ Tên Hội Viên: \_\_\_\_\_

Birthdate/ngày sinh: \_\_\_\_\_

Race/dân tộc: \_\_\_\_\_

Sex/giới tính: \_\_\_\_\_

Age/Tuổi: \_\_\_\_\_

SS#/số an sinh: \_\_\_\_\_

Address/Địa Chỉ: \_\_\_\_\_  
\_\_\_\_\_

Marital Status/Gia Quyên: M/Có Gia Đình \_\_\_\_\_  
W/Giá \_\_\_\_\_ D/Ly Dị: \_\_\_\_\_ S/độc thân: \_\_\_\_\_

Spouse name/tên vợ/chồng: \_\_\_\_\_

Living Arrangements/đang sống với:

Spouse/Vợ/chồng: \_\_\_\_\_

Children/Con cái: \_\_\_\_\_

Other/người khác/một mình: \_\_\_\_\_

Have you had previous experience in a Day Program/  
Quý vị có trải nghiệm qua chương trình chăm sóc  
cho người lớn tuổi chưa? Yes/có \_\_\_\_\_ No/chưa \_\_\_\_\_

If yes, where and when/nếu có, thì đâu và khi nào:  
\_\_\_\_\_

Medicare Number/số bảo hiểm y tế tư nhân: \_\_\_\_\_

Medicaid number/số bảo hiểm tiểu ban: \_\_\_\_\_

Long Term Insurance/bảo hiểm dài hạn:

Yes/có \_\_\_\_\_ No/không \_\_\_\_\_ Other/khác \_\_\_\_\_

MEMBERSHIP REGISTRATION & HOUSING ASSISTANT

Joining Adult Day Care is free and volunteer

Please send application to:

**Saigon Care**

**c/o: Sivan Lam, Pharm.D**

**5701 Longview Rd. Kansas City, MO 64137**

Are you a Veteran/Lính giải ngũ: Yes/có \_\_\_\_\_ Branch/Đơn vị: \_\_\_\_\_ No/không \_\_\_\_\_

Do you receive funds from VA/Có nhận trợ cấp từ văn phòng lính giải ngũ? Yes/có \_\_\_\_\_ No/không \_\_\_\_\_

Advance Directives/Chỉ thị trước: Living will/di chúc \_\_\_\_\_ Yes/có \_\_\_\_\_ No/không \_\_\_\_\_

Durable Power of Attorney/Giấy uỷ quyền dài hạn? Yes/có \_\_\_\_\_ Name/tên: \_\_\_\_\_ No/không \_\_\_\_\_

(Please provide copies if the answer is yes to either Living Will or Power of Attorney/Xin vui lòng trao bản sao nếu có giấy uỷ quyền và di chúc)

Responsible Party/Yếu nhân có trách nhiệm (person responsible for making decision/người chịu trách nhiệm quyết định).  
Name/Tên: \_\_\_\_\_ Relationship/Quan hệ: \_\_\_\_\_

Power of Attorney/Giấy uỷ quyền? Yes/có \_\_\_\_\_ No/không \_\_\_\_\_

Address/địa chỉ: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer/Tên công ty làm việc: \_\_\_\_\_ Work phone/Điện thoại nơi làm việc: \_\_\_\_\_

Mobile phone/Điện thoại di động: \_\_\_\_\_ Email/Điện thư: \_\_\_\_\_

**Name of physician who will see you on request/Tên bác sỹ cần gặp khi yêu cầu:**

Name/Tên: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Care Information/Thông tin chăm sóc khẩn**

Person to contact in an emergency/Tên người ưu tiên liên lạc trong trường hợp khẩn: Name/Tên: \_\_\_\_\_

Address/Địa Chỉ: \_\_\_\_\_ Relationship/Quan hệ: \_\_\_\_\_ Mobile/Điện thoại di động: \_\_\_\_\_

Work phone/Điện thoại nơi làm việc: \_\_\_\_\_ Email/Điện Thư: \_\_\_\_\_

Signed/Hội viên ký tên: \_\_\_\_\_ Date/ngày: \_\_\_\_\_ Center's Rep./Đại diện câu lạc bộ: \_\_\_\_\_

Referral Source/Người, nơi giới thiệu: \_\_\_\_\_ Phone/Điện thoại: \_\_\_\_\_