



## PRELIMINARY APPLICATION

Full Name of Resident \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 How many years at this address? \_\_\_\_\_ Renting/Owner \_\_\_\_\_ Birth date \_\_\_\_\_  
 Former occupation \_\_\_\_\_ Valid Gov't ID # \_\_\_\_\_ Gender \_\_\_\_\_  
 Contact Phone \_\_\_\_\_ Citizenship \_\_\_\_\_ Nickname: \_\_\_\_\_  
 Marital Status: Married-Single-Widow/er-Divorced-Separated \_\_\_\_\_

### IN AN EMERGENCY WHO SHOULD WE CALL?

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Email \_\_\_\_\_ Relationship \_\_\_\_\_  
 Landline # \_\_\_\_\_ Mobile # \_\_\_\_\_ Office # \_\_\_\_\_  
 Name of Power of Attorney or Guardian \_\_\_\_\_

### MEDICAL INFORMATION

Physician's name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Hospital Affiliations \_\_\_\_\_ Telephone \_\_\_\_\_  
 How often do you see your doctor? \_\_\_\_\_ How much walking do you do? \_\_\_\_\_  
 When was your last visit to the doctor? \_\_\_\_\_  
 Please circle any of the following that you use: Cane Walker Wheelchair  
 Are you on any medications at the present time? Yes No  
 If yes, please specify the medication and condition being treated

Do you require assistance to administer the medication? Yes No  
 Do you prepare your own meals? Yes No If no, who? \_\_\_\_\_  
 Are you on a special/restricted diet? Yes No If yes, describe \_\_\_\_\_  
 Are you vaccinated? \_\_\_\_\_ Pneumonia If yes, when \_\_\_\_\_, If no, are there plans for vaccination? \_\_\_\_\_  
 \_\_\_\_\_ Flu If yes, when \_\_\_\_\_, If no, are there plans for vaccination? \_\_\_\_\_

### DAILY LIVING

Please use an "X" to indicate ability for the tasks listed below

Task	I can handle myself	I need some assistance	Comments
Bathing			
Dressing			
Grooming			
Toileting			
Mobility			
Med. reminder			
Night care			
Housekeeping			
Clothing management			

### SIGNATURE

I understand that this application is neither a contract, nor a reservation for residence. Nothing contained in this document is legally binding for me or the community, until a Residency Agreement has been approved and signed by all parties.

\_\_\_\_\_  
 Signature over printed name of Applicant or Family Representative /Date of application