



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 _____
 Any previous history of COVID19 infection? _____ IF yes, when? _____
 Are you fully vaccinated? 1st Dose _____ brand; 2nd Dose _____ brand;
 1st Booster _____ brand; 2nd Booster _____ brand;

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