



RESIDENT APPLICATION

RESIDENT PROFILE

Personal Information

Name _____ Birthdate _____ Date _____
 Address _____ Telephone _____
 Marital Status Single Married Widowed Divorced
 Medicare # _____
 Other Insurance _____ ID# _____
 Social Security # _____

Present Living Arrangements

In my own home/apt. With a relative/friend Assisted Living
 What in-home support services (Meals on Wheels, visiting nurses, PT/OT) do you have presently? _____

Occupancy

75 State Street has both Independent and Assisted Living (Residential Care). Review the information packet for a listing of services in each program. The Admissions Director will review the programs with you to help decide which best suits your needs.

I am interested in:

Assisted Living Independent Living Unsure

Family Members/Personal Contacts

Please list family members and/or friends whom we should contact on your behalf in the event of an emergency or situation requiring intervention.

Name	Relationship	Mailing Address	Email	Phone (home & work)
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- 1.
- 2.
- 3.





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Legal Affairs

- I have already completed a document outlining my End of Life Decisions (Living will).
- I have already completed a Power of Attorney. Please specify:
 - Durable Financial Healthcare
 My agentis: _____
- I have made a decision with my doctor regarding resuscitation.
(Copies of all above indicated documents will be requested prior to admission)
- I manage my financial affairs independently.
- My financial affairs are managed by: _____
- I have a Conservator or Guardian: _____

Education

Circle last year completed

Primary School 1 2 3 4 5 6 8 8 9 10 11 12 _____ GED _____
Year graduated

College 1 2 3 4 _____ Degree _____
Year graduated

Occupation

Please indicate you area of employment or profession prior to retirement:

Medical Data

Detailed information will be required for all applicants.

Regular Physician _____ Hospital Preference _____

Dentist _____ Optometrist _____

Other _____ Specialist Allergies _____

Dietary Needs

Appetite: Good Fair Poor

Special dietary considerations _____

Foods unable to tolerate _____

Food allergies _____





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Comments

Please use the space below to share any important details that have not been covered in the application form:

Application and Admissions Process

1. Complete the resident application form
2. Complete the confidential financial assessment form
3. Submit the medical information request form to your physician, asking them to provide the Admissions Director with your most recent history & physical report.
4. Submit financial back up (statements) for the assets and income sources listed on the confidential financial assessment form .
5. Participate in an informal admissions interview.

Signatures

Signature of applicant _____ Date _____

If other than applicant, name of person to contact in follow up to the application:

Name _____ Phone _____

If you have questions about this application or the application process please contact Lauren Webster, Admissions Director at 207-775-7775 x 2224.

