

ASSISTED LIVING APPLICATION (CONT.)

SOCIAL INVOLVEMENT INFORMATION :

Religion: _____ Name of Pastor: _____ Address: _____

Name of Church: _____

List any pertinent religious values which should receive "special, dignified" attention if living in this institution (diets, rituals, etc.)

Occupation: _____

List any other special group activities (please indicate past or present involvement):

Hobbies (in addition to the above):

Any other comments on social likes and dislikes:

List any relative(s), acquaintance(s) or friend(s), applicant may have in our institution:

MEDICAL AND MENTAL HEALTH INFORMATION

Name of applicant's family doctor: _____ Address: _____ Phone: _____

List any past or present illness known:

List any current treatments [NOTE: If applicant is presently residing in a short term care facility (hospital, extended care, etc.) please indicate name of facility, reason(s) for being there, and expected date of discharge]:

Physical Status:				Explanation		
SPEECH:	Normal	<input type="checkbox"/>	Impaired	<input type="checkbox"/>	Unable to Speak	<input type="checkbox"/>
HEARING:	Normal	<input type="checkbox"/>	Impaired	<input type="checkbox"/>	Deaf	<input type="checkbox"/>
SIGHT:	Normal	<input type="checkbox"/>	Impaired	<input type="checkbox"/>	Blind	<input type="checkbox"/>

Does Applicant:

	Yes	No		Yes	No
Take care of own business	<input type="checkbox"/>	<input type="checkbox"/>	Bathe/self	<input type="checkbox"/>	<input type="checkbox"/>
Drive own car	<input type="checkbox"/>	<input type="checkbox"/>	Dress/self	<input type="checkbox"/>	<input type="checkbox"/>
Ride in car with others	<input type="checkbox"/>	<input type="checkbox"/>	Walk with assistance (other person, care walker)	<input type="checkbox"/>	<input type="checkbox"/>
Visit, shop, etc., away from home with assistance	<input type="checkbox"/>	<input type="checkbox"/>	Need wheelchair	<input type="checkbox"/>	<input type="checkbox"/>
Cook own meals	<input type="checkbox"/>	<input type="checkbox"/>	Have ability for visitation	<input type="checkbox"/>	<input type="checkbox"/>
Do own laundry	<input type="checkbox"/>	<input type="checkbox"/>	Have complication with self actualization	<input type="checkbox"/>	<input type="checkbox"/>
Help with minor household duties	<input type="checkbox"/>	<input type="checkbox"/>	(depression, withdrawal, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

Summarize briefly the purpose of making application for admission and possible plans for present action or control until your(applicant's) name is called.