

## **RESIDENT APPLICATION**

To accelerate your acceptance and approval into our home, please fill out this form as soon as possible and return to us.

RESIDENT INFORMATION											
Last					First				M.I.	Date	е
Address		Apar				Apartme	partment/Unit #				
City		State ZIP									
Phone ( )					Alternative Phone ( )						
DOB	Age Social Securit			curity	ty Num. Marital Sta				ital Statu	IS	
Medicare #	Medicaid #				Other Ins.			Ins. #			
Person or Entity Referred By											
Emergency Contact	t			Relationship		Pł		Pho	ne		
Address											
Nearest Relative				Rel	ationship	Pho		ne			
Address						1					
Hospital of Choice											
PERSON(S) RESP	ONSIBL	E FOR F	INANCI <i>A</i>	AL A	FFAIRS,	PAYMENT	FOR CA	RE,	LEGAL	GUARD	IAN, ETC.
Name A			Addres	Address						Phone	
Name			Addres	Address							
Dr.			Addres	Address							
Dent.			Addres	Address							
Other			Addres	Address							
Other A			Addres	Address						Phone	
PHYSICAL/SENSORY IMPAIRMENTS AND CURRENT STATUS											
Ambulation	YES [	NO 🗆	Expla	natio	n:						
Prosthesis	YES [	NO 🗆	Expla	natio	n:						
Skin Care	YES [	NO 🗆	Expla	natio	n:						
Bed Care	YES	NO 🗆	Expla	natio	n:						
Dentures	YES	NO 🗆	Expla	natio	n:						
Bowel/Bladder	YES [	NO 🗆	Explanation:								
Special Diet Required	YES [	NO 🗆	Explanation:								
Substance Abuse	YES [	TES NO Explanation:									
Oxygen Use	YES [	NO 🗆	Explar	nation	ո:						
Vision	YES [	NO 🗆	Explar	natior	n:						

Paris	Hearing	YES	NO 🗌	Explanation:		
Current Mental Status	Dental	YES 🗌	NO 🗆	Explanation:		
Current Behavior Status	Speech	YES 🗌	NO 🗆	Explanation:		
Current Behavior Status						
Other Notes/Information:  HISTORY AND MISCELLANEOUS  Prior Address  Reason for Move  Religious Preference  Name of Clergyman/Advisor/Pastor  Name of Clergyman/Advisor/Pastor  Name of Clergyman/Advisor/Pastor  Disclaimer and success a finite state of the showed information is current and true, and hereby authorize release of medical information in this report to Legacy Living, LLC.  Resident  Date	Current Mental Sta	ntus 🗌	Alert 🗌	Oriented   Disoriented   Forgetful   Unresponsive   Depressed		
HISTORY AND MISCELLANEOUS  Prior Address  Reason for Move  Religious Preference  Name of Clergyman/Advisor/Pastor Address  Organizations currently affiliated with Hobbies & Interests  Prior Occupation  DISCLAIMER AND SIGNATURE  I acknowledge that the above information is current and true, and hereby authorize release of medical information in this report to Legacy Living, LLC.	Current Behavior S	Status 🗌	Cooperative	e 🗌 Belligerent 🗌 Combative 🗎 Noisy 🗌 Abusive 🗌 Passive		
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Living, LLC.  Resident	DISCLAIMER AND SIGNATURE					
				Date		