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
Address			Apartment/Unit #	
City		State	ZIP	
Phone ( )		Alternative Phone ( )		

DOB	Age		Social Security Num.	Marital Status

Medicare #		Medicaid #		Other Ins.		Ins. #	

Person or Entity Referred By					
Emergency Contact		Relationship		Phone	
Address					
Nearest Relative		Relationship		Phone	
Address					
Hospital of Choice					

PERSON(S) RESPONSIBLE FOR FINANCIAL AFFAIRS, PAYMENT FOR CARE, LEGAL GUARDIAN, ETC.

Name		Address		Phone	
Name		Address		Phone	
Dr.		Address		Phone	
Dent.		Address		Phone	
Other		Address		Phone	
Other		Address		Phone	

PHYSICAL/SENSORY IMPAIRMENTS AND CURRENT STATUS

Ambulation	**YES** ☐	**NO** ☐	Explanation:
Prosthesis	**YES** ☐	**NO** ☐	Explanation:
Skin Care	**YES** ☐	**NO** ☐	Explanation:
Bed Care	**YES** ☐	**NO** ☐	Explanation:
Dentures	**YES** ☐	**NO** ☐	Explanation:
Bowel/Bladder	**YES** ☐	**NO** ☐	Explanation:
Special Diet Required	**YES** ☐	**NO** ☐	Explanation:
Substance Abuse	**YES** ☐	**NO** ☐	Explanation:
Oxygen Use	**YES** ☐	**NO** ☐	Explanation:
Vision	**YES** ☐	**NO** ☐	Explanation:

Hearing	YES ☐	NO ☐	Explanation:
Dental	YES ☐	NO ☐	Explanation:
Speech	YES ☐	NO ☐	Explanation:

Current Mental Status ☐ Alert ☐ Oriented ☐ Disoriented ☐ Forgetful ☐ Unresponsive ☐ Depressed

Current Behavior Status ☐ Cooperative ☐ Belligerent ☐ Combative ☐ Noisy ☐ Abusive ☐ Passive

Other Notes/Information:

HISTORY AND MISCELLANEOUS

Prior Location:			
Reason for Move:			
Religious Preference			
Name of Clergyman/Advisor/Pastor		Phone	
Address			
Organizations currently affiliated with			
Hobbies & Interests			
Prior Occupation			

DISCLAIMER AND SIGNATURE

I, the resident, acknowledge that the above information is current and true, and hereby authorize release of medical information in this report to Greenview Living Inc.

Signature	Date