

Application for Prospective Resident

Name:	<input type="text"/>	Home #:	<input type="text"/>
Address:	<input type="text"/>	Cell #:	<input type="text"/>
City / St / Zip:	<input type="text"/>	Email:	<input type="text"/>

Relationship Status:	<input type="text"/>	Age:	<input type="text"/>
Sex:	<input type="text"/>	Date of Birth:	<input type="text"/>

Reason(s) for Referral / Residency:

1) Why are you seeking residency at Friedman Place this time?

2) What are your goals/expectations for residency at Friedman Place?

3) Do you have Low-Vision or Blindness? If Yes, describe condition:

4) Do you have Medicaid? No If Yes, how long?

5) Are you Medicaid eligible? No If Yes, how long?

6) Do you have a Medicaid spend down? No If Yes, describe:

7) Do you have private insurance? No If Yes, describe:

8) Do you have any medical conditions? No If Yes, describe:

9) What medications do you currently take?

10) Have you received psychiatric services or treatment? No If Yes, describe:

11) Have you ever had any criminal convictions? No If Yes, describe:

12) Please describe your current living arrangement:

13) How did you learn about Friedman Place? Did someone refer you?

Alternative Contact Person: (who can contact in the event you cannot be reached)

Name:	<input type="text"/>	Relationship:	<input type="text"/>
Address:	<input type="text"/>	Cell #:	<input type="text"/>
City/St/Zip:	<input type="text"/>	Email:	<input type="text"/>

If Referred by Another Agency:

Agency:		Contact Person:	
Address:		Contact's #:	
City/St/Zip:		Agency Fax:	

Activities of Daily Living

Please check how much assistance you require with the following activities:

a) Bathing/Showering	<input type="checkbox"/>	Minimum	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Maximum
b) Standing from seated position	<input type="checkbox"/>	Minimum	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Maximum
c) Orientation & Mobility	<input type="checkbox"/>	Minimum	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Maximum
d) Preparing Snacks and Meals	<input type="checkbox"/>	Minimum	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Maximum
e) Getting Dressed	<input type="checkbox"/>	Minimum	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Maximum
f) Eating/Cutting Food	<input type="checkbox"/>	Minimum	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Maximum
g) Housework	<input type="checkbox"/>	Minimum	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Maximum
h) Toileting	<input type="checkbox"/>	Minimum	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Maximum
i) Laundry	<input type="checkbox"/>	Minimum	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Maximum
j) Making Bed	<input type="checkbox"/>	Minimum	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Maximum
k) Administering Medications	<input type="checkbox"/>	Minimum	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Maximum
l) Managing Money	<input type="checkbox"/>	Minimum	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Maximum
m) Walking	<input type="checkbox"/>	Minimum	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Maximum
n) Reading	<input type="checkbox"/>	Minimum	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Maximum
o) Shopping	<input type="checkbox"/>	Minimum	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Maximum
p) Standing	<input type="checkbox"/>	Minimum	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Maximum
q) Telephoning	<input type="checkbox"/>	Minimum	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Maximum
r) Transportation	<input type="checkbox"/>	Minimum	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Maximum

Additional information you believe would be helpful:

Applicant Signature

Date

Guardian Signature

Date

Please note, this application should be returned to "Admissions" at the address above. The most common reason for an application to be delayed in processing is our not having records from all healthcare, social services, and mental health providers from at least the last two years. It is often faster if you request directly from the providers that their records be sent to us. Consent forms are available our website: www.friedmanplace.org