

Casita Catherine Assisted Living Application for Residency

For office use only:

Admission Date ____/____/____

Name _____ (____)____-____
last first middle telephone #

Address _____
street city state zipcode

Social Security # ____/____/____ Date of Birth ____/____/____

I. Health Information

Physician _____ (____)____-____
name telephone number

street city state zip code

Describe any physical handicaps you presently have:

Do you ever use walking aids (cane, etc.)? _____
If yes, what type

List any illness or ailments, including emotional, you presently have or have been treated for in the past two years:

Date of last hospitalization ____/____/____

Reason _____

Have you ever had psychiatric treatment or counseling? _____

Have you been in a Nursing Home? ____yes ____no

Where? _____

Have you been in another type of care facility? _____yes _____no

If yes, where? _____

What was the reason for leaving? _____

II. Contact person(s)

1. Name: _____

Address: _____

Home Phone(_____)_____-_____ Cell Phone(_____)_____-_____

2. Name: _____

Address: _____

Home Phone(_____)_____-_____ Cell Phone(_____)_____-_____

III. Describe Your Current Living Situation:

I live alone in my home yes_____ no_____

I live in an apartment or rental unit yes_____ no_____

I live with relatives in their home yes_____ no_____

IV. Professional Services

Pharmacy _____ (_____)_____-_____

Funeral Home _____ (_____)_____-_____

V. Billing Information

Bills sent to _____ (____)_____-_____
name telephone #

street city state zip code

Financial Record

A. Amount of income

Pension per month \$ _____

Social security per month \$ _____

Other Sources per month \$ _____

B. Other Assets

Savings per month \$ _____

Real Estate Holdings \$ _____

Stocks/bonds/etc. \$ _____

VI. Authorization

Everything stated in this application is true and correct.

Signature of Applicant: _____ Date ____/____/____