

## Application for Prospective Resident

Name: \_\_\_\_\_ Home #: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell #: \_\_\_\_\_  
City / St / Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship Status:

- Single       Married  
 Separated       Partnered  
 Widowed      (self-identified)  
 Divorced       Other: \_\_\_\_\_

Sex:

- Male      Age: \_\_\_\_\_  
 Female  
 Transgender      DOB: \_\_\_\_\_

**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, describe: \_\_\_\_\_
- 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: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell #: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**If Referred by Another Agency:**

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

**Activities of Daily Living**

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

- |                              |                          |       |                          |        |                          |           |                          |            |
|------------------------------|--------------------------|-------|--------------------------|--------|--------------------------|-----------|--------------------------|------------|
| a) Bathing                   | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| b) Braille                   | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| c) Computer use              | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| d) Cooking                   | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| e) Dressing                  | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| f) Eating                    | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| f) Housekeeping              | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| f) Toileting                 | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| i) Laundry                   | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| j) Making bed                | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| k) Medications               | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| l) Managing Money            | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| m) Walking                   | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| n) Reading                   | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| o) Shopping                  | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| p) Standing                  | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| q) Telephoning               | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| r) Transportation            | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| s) Guide Dog<br>Services     | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |
| t) Orientation &<br>Mobility | <input type="checkbox"/> | Never | <input type="checkbox"/> | Rarely | <input type="checkbox"/> | Sometimes | <input type="checkbox"/> | Frequently |

Additional information you believe would be helpful:

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\_\_\_\_\_  
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](http://www.friedmanplace.org)