

**Friedman Place**  
**A Residence for Blind & Visually Impaired Adults**  
**Preliminary Application**

Date:	Referred by:
<b>Prospective Resident Information</b>	
Name:	Phone:
Address:	
Date of Birth:	Assets/Property: _____  Savings/Checking: _____  Social Security: _____
Place of Birth:	
Social Security Number:	
Medicare/Medicaid Number:	
Areas of Needed Assistance: Circle all that apply	
Mobility      Housekeeping      Laundry      Bathing      Grooming      Incontinence Dressing      Getting to Meals or Activities      Medication Prep      Medication Reminders	
Medical Conditions:	Primary Physician/Psychiatrist/Ophthalmologist:
	Name:
	Address:
	Phone:
Emergency Contact Info:	
Name:	Name:
Address:	Address:
Phone Numbers:	Phone:
Relationship to Prospective Resident:	
	<b>Would you like to be included in our mailing list?</b>
	Yes                      No
<b><i>I conform that the information presented above is true and complete to the best of my knowledge.</i></b>	Date Application Received: _____
<b>Signature:</b>	