Application for Residency

Name: _____ Relationship to potential resident: _____

Address: _____ Telephone: _____

Email Address: _____ Cell: _____

How did you hear about All American Assisted Living? _____

Resident name: _____ Gender: _____ Male ☐ Female ☐

Address: _____ Email: _____

DOB: _____ SSN: _____ If married, spouses name: _____

Which are you interested in? ☐ Assisted Living ☐ Memory Care

Your Move-In

Will you need assistance with your move? ☐ Yes ☐ No ☐ Not sure

Anticipated move-in date: _____ Select one: ☐ I own a home ☐ I rent a home

If you own, will you be selling the home prior to move-in? ☐ Yes ☐ No ☐ Not sure

Will you be maintaining an automobile at All American Assisted Living? ☐ Yes ☐ No ☐ Not sure

Hobbies & Activities of Interest *(check all that apply)*

☐ Art ☐ Cards/Board Games ☐ Cooking ☐ Physical Activity ☐ Intellectual Pursuits ☐ Music

☐ Reading ☐ Theater ☐ Religious Activities ☐ Volunteering ☐ Writing ☐ Computers

List any current or former club/memberships: _____

Other interests: _____

Medical Information

Name of primary physician: _____

Address: _____ Telephone: _____

How would you describe present state of health? ☐ Excellent ☐ Good ☐ Fair

Please describe any medical conditions: _____

_____

Preferred hospital: _____ Date of last doctors' visit: _____

Type of medical insurance(s): _____

Do you have Long Term Care Insurance: Yes (which company? _____) ☐ No

The Community That Treats You Like Family

All American ASSISTED LIVING

Income Sources

Employment income: _____ Social Security income: _____

Pension income: _____ Interest & dividend income: _____

Annuity income: _____ Other: _____

Total monthly income: _____

Assets/savings: _____ Approximate home value: _____

Are you or your spouse a US Veteran of a Foreign War? Yes ☐ No ☐

List any additional financial information we should be aware of when reviewing your financial resources:

_____

_____

Assisted Living Services *(Please select the level of assistance needed, if any, for the following supportive services)*

Task	Independent	Minimal Assistance	Partial Assistance	Full Assistance
Housekeeping	☐	☐	☐	☐
Laundry	☐	☐	☐	☐
Transportation	☐	☐	☐	☐
Medication Reminders	☐	☐	☐	☐
Bathing & Personal Care	☐	☐	☐	☐
Dressing	☐	☐	☐	☐
Morning/Night Care	☐	☐	☐	☐
Escorts/Mobility	☐	☐	☐	☐

Additional Information: _____

_____

_____

Signature of Applicant: _____ Date: _____

I understand and agree that this questionnaire is neither a contract, nor a reservation for residency. Nothing contained in this document is legally binding on me or All American Assisted Living unless and until a Residency Agreement has been signed by all parties involved.

The Community That Treats You Like Family

All American ASSISTED LIVING