

Resident Intake Form for a Senior Development

Date form completed: _____

Name:		Apt.:		Phone:	
DOB:		male		female	
Marital status:		single		married	
		divorced		widowed	
Living status:		alone		w/ well spouse	
		w/ frail spouse		w/ other	
				Pet:	
Emergency Contact	Name:		Name:		
	Address:		Address:		
	Telephone:		Telephone:		
	Relationship:		Relationship:		
	Frequency of contact:		Frequency of contact:		
Insurance Information	Social Security #:		SSI: yes no		
	Medicaid #:		Food stamps:		
	Medicare Supplemental Insurance:				
	Veteran: yes no				
	Other:				
Income	Social Security: \$		/month		
	Retirement: \$		/month		
	Veterans: \$		/month		
	SSI: \$		/month		
	Other: \$		/month		
	Total: \$		/month		
Other	Living Will:		yes no		Resident has a copy: yes no
	Power of Attorney:		yes no		Name:
	Legal Guardian:		yes no		Name:
	Doctor:		Phone:		
	Address:		Fax:		
Comments:					