

## Resident Intake Form for a Senior Development

Date form completed: \_\_\_\_\_

Name:		Apt.:	
Phone:		Email:	
DOB:		male	female
Marital status:		single	married
		divorced	widowed
Living status:		alone	w/ well spouse
		w/ frail spouse	w/ other
		Pet:	
<b>Emergency Contact</b>	Name:		Name:
	Address:		Address:
	Telephone:		Telephone:
	Relationship:		Relationship:
	Frequency of contact:		Frequency of contact:
<b>Insurance Information</b>	Social Security #:		SSI:   yes   no
	Medicaid #:		Food stamps:
	Medicare Supplemental Insurance:		
	Veteran:   yes    no		
	Other:		
<b>Income</b>	Social Security: \$		/month
	Retirement:   \$		/month
	Veterans:       \$		/month
	SSI:             \$		/month
	Other:           \$		/month
	Total:           \$		/month
<b>Other</b>	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:
<b>In Home Services</b>	Case Management:   yes   no		In-home services:    yes   no
	Meal Services:       yes   no		Transportation:     yes   no
	Other:		
<b>Comments:</b>			