Mayfair House
Assisted Living Facility

Application for Residency

Name of perspective resident: _____ Social security number: _____

Home address: _____

Current location of resident (if different from above): _____

Age: ____ Birthdate: _____ Birthplace: _____ Marital status: _____

Personal / Social History

Education level: _____ Previous occupation(s): _____

Military service (identify branch / rank): _____ Interests / hobbies: _____

Religious affiliation: _____ Special accomplishments: _____

Description of family structure and relationships: _____

Current behavioral and social functioning (strengths and problems): _____

Previous mental health/mental retardation services history (if applicable): _____

Substance abuse history (if applicable): _____

Financial Information

This information is requested for purposes of determining funds available for payment of rent and services. This information is strictly confidential.

Current annual income (including social security, retirement, investments, stocks, etc.):

( ) less than $30,000 ( ) $40,000 - $50,000
( ) $30,000 - $40,000 ( ) more than $50,000

Current financial status:

Do you own a home? ___ Yes ___ No Appraised value: _____
Do you have a checking and/or savings account? ___ Yes ___ No Current balance(s): _____
Do you have long-term care insurance coverage? ___ Yes ___ No Provider: _____
Anticipated family contribution (per month), if applicable: _____

Health Care Information

A comprehensive pre-admission assessment will be performed by facility staff and a physician must perform a history and physical examination, including screening for tuberculosis, within 30 days prior to the date of admission.

Date of last hospitalization: _____ Reason(s) for hospitalization: _____

Previous nursing home or assisted living facility stays? ___ Yes ___ No Date(s): _____
Name(s) of facility: _____

Known allergies: _____ Advance Directives? ___ Yes ___ No

Residency Application for: _____

Contact Information

	Name	Address	Phone
Personal representative, responsible person, power of attorney, or guardian			
Physician			
Church / clergy			
Dentist			
Social services dept. / caseworker (if applicable)			
Next of kin			
Person(s) to be notified in event of emergency, illness, or accident			
Funeral home			

Copy of power of attorney documents, guardianship documents, and/or any other legal documents related to the care and service of resident must be presented prior to admission.

Accommodation Information

Check one: ( ) Private room ( ) Semi-private room ( ) First available / no preference
Check one: ( ) Short-term / respite stay ( ) Long-term stay

Who referred you to Mayfair House? _____

I/We desire for the applicant to be considered for residency at Mayfair House and I/we certify that all information provided on this application is correct to the best of my/our knowledge and give consent to the management to verify it.

Signature: _____ Relationship to applicant: _____ Date: _____

Signature: _____ Relationship to applicant: _____ Date: _____

OFFICE USE ONLY

Date received: _____ Interview date: _____ Expected admission date: _____
UAI ( ) H&P ( ) TB ( )
Discharge date: _____ Reason(s): _____ Location: _____