



PRELIMINARY APPLICATION

Name _____ Date _____
 Address _____
 How many years at this address? _____ Renting/Owner _____
 Birth date _____ Former occupation _____
 Valid Gov't ID # _____ Gender _____ Contact Phone _____
 Citizenship _____ Marital Status: Married-Single-Widow/er-Divorced-Separated

IN AN EMERGENCY WHO SHOULD WE CALL?

Name _____ Address _____
 Email _____ Relationship _____
 Home phone _____ Cell phone _____ Work phone _____
 Name of Power of Attorney or Guardian _____

MEDICAL AND INSURANCE INFORMATION

Physician's name _____
 Address _____
 Hospital affiliation _____ Telephone _____
 How often do you see your doctor? _____ How much walking do you do? _____
 When was your last visit to the doctor? _____
 Please circle any of the following that you use: Cane Walker Wheelchair
 Are you on any medications at the present time? Yes No If yes, please specify the medication
 and condition being treated _____

Do you require assistance to administer the medication? Yes No
 Do you prepare your own meals? Yes No If no, who? _____
 Are you on a special/restricted diet? Yes No If yes, describe _____
 Please list all of your medical insurance coverages, including supplemental health insurance:
 Health card _____ Health insurance _____
 Others _____

DAILY LIVING

Please use an "X" to indicate ability for the tasks listed below

Task	I can handle myself	I need some assistance	Comments
Bathing			
Dressing			
Grooming			
Toileting			
Mobility			
Med. reminder			
Night care			
Housekeeping			
Clothing management			

SIGNATURE

I allow Saint Jude to conduct a site visit and background check. I understand that this application is neither a contract, nor a reservation for residence. Nothing contained in this document is legally binding for me or the community, until a Residency Agreement has been approved and signed by all parties.

 Signature over printed name of Applicant or Family Representative /Date of application