

RESIDENTIAL FACILITIES – RESIDENT PROFILE

Name of Applicant: _____

1. Complete for each resident – no names. Please submit for each location.

Resident	Age	Description of ability to ambulate (can transfer themselves, bear weight, wheelchair bound, uses walker non-ambulatory, etc)	Primary Diagnosis - i.e. age-related infirmity, developmental disability, mental health (if mental health describes diagnosis)
#1			
#2			
#3			
#4			
#5			
#6			

2. Other Services

Do you have any residents not described above? _____

Do any residents have a history of violent behavior? _____

Do you accept tube feeding or ventilator care residents? _____

3. Number of patients/residents suffering from Alzheimer's Disease or Dementia _____

Applicant Signature

Date