

# Doralus Homecare Application For Residency

General Information---Please print or type---Use additional sheets to attach if needed

Name \_\_\_\_\_ DOB \_\_\_\_\_

Current Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Race: \_\_\_ White \_\_\_ African American \_\_\_ Hispanic or Latino \_\_\_ Asian \_\_\_ Other or mix  
\_\_\_ Married (spouse name: \_\_\_\_\_ ) \_\_\_ Single Primary Language spoken: \_\_\_\_\_

Do you own your home or rent? Own \_\_\_ Rent \_\_\_ How many years? \_\_\_\_\_

What type of housing do you live in? Apartment \_\_\_ Single-Family \_\_\_ Condo \_\_\_ Other \_\_\_

What is your approximate monthly income? \$ \_\_\_\_\_

Do you own a car? \_\_\_\_\_ Do you intend to maintain it? \_\_\_\_\_ Do you drive yourself regularly? \_\_\_\_\_

Who helps you at home? \_\_\_\_\_

How do they help you? \_\_\_\_\_

What is the reason you are considering supportive housing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently in a Skilled Nursing Facility /Rehab? Yes \_\_\_ No \_\_\_

If yes, Name of facility: \_\_\_\_\_ Location: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone number:(\_\_\_\_\_) \_\_\_\_\_

What medical conditions/health problems do you have?  
\_\_\_\_\_  
\_\_\_\_\_

List current medications that you take daily

Medication	Dosage/frequency

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Do you require assistance/reminders to administer your medication(s)? Yes \_\_\_ No \_\_\_

Do you require assistance with a special diet or eating? Yes \_\_\_ No \_\_\_ (describe) \_\_\_\_\_

Do you smoke? Yes \_\_\_ No \_\_\_

**Activities of daily living: Please mark all areas with an X in which you require assistance with**

Task	Some Assistance	Full Assistance	Comments
EXAMPLE: <i>eating</i>	<i>X</i>		<i>I need meals prepared, food set up and cut up</i>
Bathing			
Dressing			
Eating			
Toileting			
Transferring			
Walking			
Finances			
Laundry			

What other assistance do you feel you need? \_\_\_\_\_

Do you require any assistive devices? Yes \_\_\_ No \_\_\_ List device type \_\_\_\_\_

(initial) \_\_\_\_\_ I understand and agree that this application is neither a contract nor a reservation for residence. Nothing contained in this document obligates or entitles me to a room at Doralus Homecare Assisted Living until a Resident Agreement has been signed by all parties involved.

Signature of Applicant \_\_\_\_\_ Date of Application \_\_\_\_\_

Signature of Representative \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_