

RESIDENTIAL FACILITIES—RESIDENT PROFILE APPLICATION

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 describe diagnosis) |
|----------|-------|---|--|
| #1 | _____ | _____ | _____ |
| #2 | _____ | _____ | _____ |
| #3 | _____ | _____ | _____ |
| #4 | _____ | _____ | _____ |
| #5 | _____ | _____ | _____ |
| #6 | _____ | _____ | _____ |

2. Other Services

Do you have any residents not described above? Yes No

Do you accept tube feeding or ventilator care residents? Yes No

3. Do you accept or retain any residents who are violent and/or combative?

Yes No

If yes, please provide details:

4. Do you accept or retain any residents who have suicidal thoughts or tendencies, or who have a history of suicidal thoughts or tendencies?

Yes No

If yes, please provide details: