

VICTORIAN VILLA
APPLICATION FOR RESIDENCY

Resident Name: _____ Date _____
Last _____ First _____ Middle initial _____
Address _____
City _____ State _____ Zip Code _____
Date of Birth _____ Sex _____ Religion _____ Eye Color _____ Hair Color _____
Marital Status _____ Admitted from _____
How were you referred to Victorian Villa? _____
Social Security No. _____ Medicare No. _____
Other Insurance: Plan Name _____
I.D. No. _____ Group No. _____
Family Physician _____ Phone No. _____
Podiatrist _____ Phone No. _____
Dentist _____ Phone No. _____
Optometrist _____ Phone No. _____
Audiologist _____ Phone No. _____
Hospital Preference _____
Allergies _____
Identifying Marks _____
Ambulance Club _____
Funeral Home Preference _____ Phone No. _____
Will the resident be using the services of our barber or beautician? _____
If so, how often should they be scheduled (weekly, bi-weekly, etc)? _____

Will our staff be laundering the resident's personal laundry? _____

Who will be supplying the resident's medications? _____

Designated Person (Billing):

Name _____

Address _____

Phone
No.(home) _____ (work) _____

Relationship To Resident _____

Emergency contacts:

(Please list emergency contacts in the order you wish them to be notified. If the designated person should be notified first, list them first.)

Name _____

Address _____

Relationship _____

Phone No.(home) _____ (work) _____

Name _____

Address _____

Relationship _____

Phone No.(home) _____ (work) _____

Name _____

Address _____

Relationship _____

Phone No.(home) _____ (work) _____

Signature of individual completing this form _____

Please check which of the following are important to your daily routines?

_____ developing new friendships

_____ opportunity to find new interests or learn new things

_____ physical activity (like walking or exercise)

_____ social events

_____ community outings

_____ solitude

_____ entertainment

_____ other (please list) _____

