



1 05 Fairgrounds Rd, Hardinsburg, KY 40143 Phone 270-617-1688

PRELIMINARY APPLICATION

Name _____ Date _____
Address _____ Social Security # _____
City/State/Zip _____ Gender Male Female
How many years at this address? _____ Contact Phone _____
Birth date _____ Birth place _____
Current or former occupation _____

Marital status Married Single Widow/er Divorced Separated

IN AN EMERGENCY WHO SHOULD WE CALL?

Name _____ Relationship _____
Address _____ Home phone _____
City/State/Zip _____ Cell phone _____
Email _____ Work phone _____

Name of Power of Attorney or Guardian _____

Name of Health Care Proxy _____

(Please attach documentation for Power of Attorney, Guardian or Health Care Proxy if they exist.)

CURRENT LIVING SITUATION

Check one Own my home Renting condo apartment single family multi-family

If renting, monthly rental\$ _____ Owner/landlord _____

Do you own a car? Yes No Make & year _____

Do you drive regularly? Yes No

Do you intend to maintain a car? Yes No

Are there any problems or concerns which our staff should be aware of, or any special support you might need to live in our community?

Do you require someone (friend, relative, or other) to live with you? Yes No

If so, who? _____

Reason for this need?

If not, do you require someone to visit you during the day? Yes No

If yes, reason for a visit? _____

How long is a visit? _____
Are you considering other housing options? Yes No
If so, which? _____

MEDICAL AND INSURANCE INFORMATION

Physician's name _____
Address _____
Hospital affiliation _____ Telephone _____
How would you describe your present state of health?

How often do you see your doctor? _____ When was your last visit? _____
How much walking do you do? _____ Any difficulty with stairs? Yes No

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 coverage's, including supplemental health insurance:
Medicare _____ Policy # is required _____
Heath insurance _____ Policy # is required _____

Do you have long term care insurance? Yes No

DAILY LIVING

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

Task	I can handle myself	I need some assistance	Comments
Bathing			
Dressing			
Mouth/skin care			
Shaving/grooming			
Toileting			
Escort/mobility			
Med. reminder			
Night care			
Housekeeping			
Clothing management			

FINANCIAL AND REAL ESTATE INFO

*Required bank letter showing financial information.

Bank Name _____

Own Real Estate ___ Yes ___ No

Does Applicant need assistance selling Real Estate or Personal Property through a licensed company? ___ Yes ___ NO

Properties Owned _____ Deed Book _____ Page Number

_____ Deed Book _____ Page Number

_____ Deed Book _____ Page Number

Notes

AD8 Dementia Screening

Resident Name: _____

Completed By: _____

Date: _____

Remember, "Yes a change" indicates that there has been a change in the last several years caused by cognitive (thinking and memory) problems.	YES, A Change	NO, No Change	N/A Don't Know
1. Problems with judgment (e.g., problems making decisions, bad financial decisions, problems with thinking)			
2. Less interest in hobbies/activities			
3. Repeats the same things over and over (questions, stories, or statements)			
4. Trouble learning how to use a tool, appliance or gadget (e.g., DVD, computer, microwave, remote control)			
5. Forgets correct month or year			
6. Trouble handling complicated financial affairs (e.g., balancing checkbook, income taxes, paying bills)			
7. Trouble remembering appointments			
8. Daily problems with thinking and/or memory			
TOTAL AD8 SCORE			

Adapted from Galvin JE et al, the AD8, a brief informant interview to detect dementia, *Neurology* 2005;65:559-564
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What are your personal strengths and interests? How do you currently like to spend your time?

Have you ever been evaluated for cognitive changes or memory concerns? If yes, please explain.

Is there any other information we should be aware of when reviewing your health and medical concerns?

SIGNATURE

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 of Applicant or Family Representative

Date of application