

Independent Living Community Partnership Form

1. PERSONAL INFORMATION

Full Name: _____

Date of Birth: _____

Current Address: _____

Phone Number: _____

Email Address: _____

Emergency Contact (Name & Phone): _____

2. HEALTH & LIFESTYLE

Do you have any mobility limitations? Yes No

If yes, please explain: _____

Any dietary restrictions or special needs? Yes No

If yes, please explain: _____

Do you take daily medications? Yes No

Please list: _____

Any chronic medical conditions or disabilities? Yes No

If yes, please explain: _____

Do you have pets? Yes No

If yes, please explain: _____

3. INDEPENDENT LIVING NEEDS

Do you require assistance with daily tasks? Yes No

If yes, please explain: _____

Preferred living arrangement: Private Room Shared Room

Preferred move-in date: _____

Stay Duration: ■ Short-Term ■ Long-Term

4. COMPATIBILITY & PREFERENCES

Describe your daily routine or lifestyle:

What's important to you in a home environment?

How do you handle conflict or disagreements in shared spaces?

5. GOALS & EXPECTATIONS

What are your goals while living in this home?

What do you hope to get out of your stay here?

6. CONSENT & ACKNOWLEDGMENT

I certify that the information provided is accurate to the best of my knowledge.

I understand that this form is used to determine if the home is a good fit for me and the other residents in this community environment.

Signature:	<hr/>
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Date:	<hr/>
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