

## Landers Place Of Love

### Resident Intake Form

Please complete all sections. Information is confidential and used to ensure appropriate care, safety, and placement.

#### Section 1: Applicant Information

Full Legal Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

#### Section 2: Emergency Contact Information

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

#### Section 3: Referral Information

How did you hear about this facility?: \_\_\_\_\_

Referring Agency / Person: \_\_\_\_\_

Case Manager Name: \_\_\_\_\_

Case Manager Phone/Email: \_\_\_\_\_

#### Section 4: Living & Independence Assessment

Check all that apply:

Manage personal hygiene independently

Manage medications independently

- Prepare simple meals
- Manage transportation independently
- Manage finances independently

If assistance is needed, explain:

---

### Section 5: Medical & Health Information

Primary Care Physician: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

Known Medical Conditions:

---

Allergies:

---

### Section 6: Medication Disclosure

Do you take prescription medications?  Yes  No

List medications (name & purpose only):

---

### Section 7: Substance Use Disclosure

Illegal drugs  Alcohol  Smoking/Vaping

This is a drug-free, alcohol-free, and smoke-free (indoors) facility.

### Section 8: Legal & Background Information

On probation or parole?  Yes  No

Court restrictions affecting residency?  Yes  No

Explain if yes:

---

### Section 9: Program Understanding & Agreement

\_\_\_ Independent living facility understood

\_\_\_ Agree to all policies and procedures

\_\_\_ No guest policy acknowledged

\_\_\_ 10:00 PM curfew and noise policy acknowledged

\_\_\_ Violations may result in discharge

**Section 10: Applicant Signature**

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Section 11: Staff Use Only**

Application Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_

Approved  Denied  Waitlisted

Notes:

\_\_\_\_\_