1797 Anderson Highway
Powhatan, Va. 23139
P: 804-432-0580

Resident Request Form

RESIDENT INFORMATION

Today's Date: _____ **Move in date:** _____

Name:_____ **Nickname / Preference**:_____

Address:_____

_____

_____

_____

Date of Birth: _____ **Age**: _____

Marital Status: _____ **Sex:** _____

Social Security #_____

Reason for services:

( ) Become more independent

( ) Protection and Supervision

( ) Socialization

( ) Continuous Health monitoring

( ) Alternative to larger facility

( ) Improve Mental Health

Other Care Being Received:

( ) Therapies (PT, OT, Speech)

( ) Home Health/ Hospice

Emergency Contacts

In order of priority, please list clearly persons to be contacted in the event of emergency.

1) **Name**_____Phone_____

   Address_____

   City/State/Zip_____Relationship_____

   Email _____

2) **Name**_____Phone_____

   Address_____

   City/State/Zip_____Relationship_____

   Email_____

3) **Name**_____Phone_____

   Address_____

   City/State/Zip_____Relationship_____

   Email _____

Medical Information

Allergies:_____

_____

_____

Dietary Restrictions or Preferences: _____

_____

_____

_____

Medications:_____

_____

_____

_____

_____

_____

_____

_____

Does the participant have any mobility aides? **( )Yes** **( ) No**

Does participant have a "Do Not Resuscitate" order? **( )Yes** **( ) No**

Preferences

Doctor: _____ Hospital: _____

Pharmacy: _____

Place of worship: _____

Home Heath/ Hospice: _____

Funeral Home: _____

In the event of injury, illness or other emergency, I understand that Anchored in Peace will seek medical assistance from a qualified ambulance service, physician, and/ or hospital.

Signature: _____ Date: _____

PAYMENT OPTIONS

Private pay Responsible Party: _____

$_____Daily *M T W Th F S Su (please circle desired days)*

*Drop off time*_____*Pickup time*_____

$_____Weekly

$_____Monthly

$_____Hourly