



## Application for Admission

Memory Care Center    Apponaug Center    Bristol Center    Coventry Center    Little Compton Center

### Applicant Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex:  Male  Female  
Marital Status:  Single  Married  Divorced  Widowed  
With whom does applicant live:  Alone  Spouse  Adult Child  Group Home  Other  
Reason for application: \_\_\_\_\_  
Days needed:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Unsure  
Needs assistance with:  Walking  Toileting  Bathing  Eating  Other  
Does applicant have memory impairment?  Yes  No  
What special needs does the applicant have? (i.e., need for socialization, supervision, etc.) \_\_\_\_\_  
\_\_\_\_\_

### Caregiver Information

#1. Caregiver Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
  
#2. Caregiver Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Person completing this form:  Caregiver #1  Caregiver #2  Other  
If other, please note name, relationship and phone number: \_\_\_\_\_  
\_\_\_\_\_