

Assisted Living Program/Licensed Home Care Services Agency
45 Sixth Street, Malone, NY 12953

General Information

Name _____ SS # _____
Street Address _____ City _____ Zip _____
Telephone _____ Cell Phone _____

Contact Information

Name _____ Relationship _____
Address _____ City _____ Zip _____
Telephone _____ Cell _____ Alternate _____
How did you hear about the Alice Center? _____

Background Information

Birth Date _____ Sex M/F Education _____
Occupation(s) _____
Organization(s) _____
Interests/Hobbies _____
Religion _____ Place of Worship _____

Daily Living

Are there any problems or concerns that our staff should know about you or any special support that you might need? _____
Do you currently need someone to assist you during the day? Y/N
If yes, what type of assistance do you receive? _____

Medical History

Illnesses _____

Surgeries _____

Allergies _____

Use Page 4 or another sheet if more space is needed



Daily Living Continued

Task	No Assistance	Minimal Assistance	Full Assistance
Housekeeping			
Laundry			
Bathing			
Dressing			
Grooming/Shaving			
Medication Reminder			
Walking			
Night Care			
Shopping			
Transportation			
Getting in/out of a car			
Using a Telephone			

Primary Care Physician _____

Address _____ Telephone _____

Hospital that you use _____

How would you describe your current health? Excellent Good Fair

How often do you see your doctor? _____

Do you use a cane, wheelchair, or walker? _____ Type? _____

Are you on a special or restricted diet? Yes/No

Describe _____

Do you own a car? Yes/No

Do you have a _____ DNR _____ Healthy Care Proxy _____ Power of Attorney

_____ MOLST _____ Living Will

Name of Person _____

Other Information that we should know about you and what we can do to help _____

I understand and agree that this application is neither a contract, nor a reservation for residency. Nothing contained in this document is legally binding on The Alice Center or me unless and until all parties have signed an Admission Agreement.

Signature of Resident _____ Date _____

Signature of Advisor _____ Date _____

Signature of Administrator or designee _____ Date _____