*Horton’s Personal Care Home*

*2465 Sunset Avenue ❖ Pittsburgh, Pennsylvania 15212 ❖ (412) 323-8040*

# *Resident Application for Admission*

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Current Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email: |  |

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frame (S / M / L): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Desired Move-In Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Are you a citizen of the United States? | YES | NO |

|  |  |  |
| --- | --- | --- |
| Do you need smoking accommodations? | YES | NO |

|  |  |  |
| --- | --- | --- |
| Do you need an ambulating device for walking assistance? | YES | NO |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you need physical assistance with standing or walking? |  | YES | NO |

|  |  |  |
| --- | --- | --- |
| Do you need assistance with bladder or bowel management? | YES | NO |

If yes, please describe the level of assistance needed:

|  |  |  |
| --- | --- | --- |
| Do you have any food allergies or dietary restrictions? | YES | NO |

If yes, please describe:

How do you plan to pay for care services: SSI, VA Claim, Private Pay or Other?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Horton’s Personal Care Home?

Who is filling out this application: Applicant or Other? If Other, please describe relationship to proposed applicant?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Medical Information

|  |  |
| --- | --- |
| YES | NO |

Do you have any medical conditions? If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| YES | NO |

|  |  |
| --- | --- |
| YES | NO |

Do you have a primary care physician? If yes, do you regularly visit your physician?

If you do have a primary care physician, please fill in their information below:

|  |  |  |
| --- | --- | --- |
| Full Name: |  |  |
| Hospital: |  | Phone: |  |
| Address: |  | | |

## Contact Information

Please fill in the information of the preferred contact regarding this application.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  | | |

## Optional Information

|  |  |  |  |
| --- | --- | --- | --- |
| Ethnicity: |  | Religion: |  |

Leisure Activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to residency, I understand that false or misleading information in my application or interview may result in my release.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Thanks! Now send application by clicking on link below.**

[**live@hortonspersonalcarehome.com**](file:///C:\Users\charlette\Downloads\live@hortonspersonalcarehome.com)