



**FELLOWSHIP
SENIOR LIVING**

To help us further assist you, please complete
APPLICATION FOR RESIDENCY

Person Requesting Information

Today's Date: _____

Name	Relationship	Cell	Home	Work
Present Address (No PO BOX please)		City	State	Zip Code
Best time to contact		Email Address		

Prospective Resident Information (If Other Than Self)

Last Name	First Name	Middle Initial		
Phone Number		Date of Birth	Age	Sex
Present Address (No PO BOX please)		City	State	Zip Code

Medical Diagnosis

Please Describe:

Do you need assistance with walking?	Yes	No	
Do you need assistance with eating?	Yes	No	
Do you need bathroom & related hygiene assistance?	Yes	No	
Do you require diabetic care?	Yes	No	

Mental Status (please check the one that applies)

Alert and Oriented _____ Forgetful _____ Partly Confused _____ Badly Confused _____ Tend to Wander _____

Additional notes:

Are you a Veteran or a Widow of a Veteran?	Yes	No	
Did you or a spouse serve during war time?	Yes	No	

Physician's Name and Contact Info:

Have you been screened for Tuberculosis (TB) in the last 12 months?	Yes	No
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Which living area are you interested in?

Assisted Living _____ **Independent Living** _____ **Memory Care** _____

In Which Community are You Interested?

Valdosta _____ Nashville _____ Cordele _____ Milledgeville _____ Cuthbert _____

How soon are you needing a place of residence?

Additional Comments or Questions: