

VillageCare at 46 & Ten
510 West 46th Street * New York, New York 10036 * (212) 977- 4600

Assisted Living Program Questionnaire

Applicant's Name: _____ Social Sec. # _____

Age: _____ Date of Birth: _____ Referred by: _____

Are you currently receiving Home Health Services? Yes No
If yes: Visiting Nurse Private Hired Help PCA/HHA

How many hours/days per week? _____ For how long? _____

What services are provided? _____

Attending Physician:

Health Insurance:

Name: _____ Medicaid No.: _____

Address: _____ Medicare No.: _____

_____ Prescription Plan/Medicare Part D Plan: _____

Phone: _____ Supplemental Insurance Plan: _____

Health Care

Medical Diagnoses: _____

Psychiatric/Cognitive Diagnoses: _____

Current Medications: _____

Level of Assistance

Ambulatory: Yes ___ No ___ **w/Cane:** Yes ___ No ___ **w/Walker:** Yes ___ No ___ **Wheelchair:** Yes ___ No ___

Continent of Bowel: Yes ___ No ___

Continence of Bladder: Yes ___ No ___

Vision Impairment: Yes ___ No ___

Hearing Impairment: Yes ___ No ___

Speech Impairment: Yes ___ No ___

Requires Assistance: **Bathing:** Yes ___ No ___ **Dressing:** Yes ___ No ___ **Medication:** Yes ___ No ___

Grooming: Yes ___ No ___ **Housekeeping:** Yes ___ No ___ **Laundry:** Yes ___ No ___

STATEMENT OF APPLICANT'S NEED FOR AN ASSISTED LIVING ENVIRONMENT AT THIS TIME:

Applicant's Signature: _____ **Date:** _____