

All information obtained in this document will be kept confidential.



My Application for the Homestead

My name:

When I would like to move in:

Who should be contacted about moving in?

My birthday is on:

My occupations, background, skills and interests:

I like:

I dislike:

Tips for talking to me:

My critical care needs:

Areas of high risk for me:

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What you must do to keep me safe:

How dementia has affected my thinking and doing:

What I can still do:

What I find difficult:

How you can help me to do the things I can still do and support me with the things I find difficult:

What is important for you to know about my past?

What it is important for you to know about my cultural background and my beliefs:

How you can support me to maintain my cultural identity and beliefs:

What you need to know about my use of language:

How I am generally as a person, my disposition:

How I respond to new situations and difficulties:

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What upsets me?

How you can support me to be positive and help me when I am distressed or withdrawn:

This is what I prefer to eat:

How you can help me with eating and drinking:

These are things I must have:

These are my beliefs which are really important to me:

How you can help me to sustain them:

This is what I like to be doing and how you can help me to do it:

Completed By (Print Name & Relation):

_____ **Date:** _____

Resident Signature/Legal Representative: _____ **Date:** _____

Signature of Facility Representative: _____ **Date:** _____

Please return completed application to: Rolling Meadows Nursing and Rehab

107 Curry Rd. Waynesburg, PA 15370