

VOLUNTEERS OF AMERICA OF MINNESOTA
ASSISTED LIVING APPLICATION

Name _____ Date _____

Address _____ City, State, Zip _____

Phone _____ Date of Birth _____ SS# _____

Reason(s) for requesting admission to the program _____

Case Manager Name _____ Phone _____

Email _____ Organization _____

Emergency Contact Name _____ Relationship _____

Address _____ Email _____

Phone #: Home _____ Work _____ Cell _____

Name of Primary Doctor _____ Phone _____

Clinic Name & Address _____

Hospital Preference _____ Last examination by a doctor? _____

Diagnosis _____

Are you receiving any services arranged for/paid by Hennepin County?

Yes ___ No ___ Uncertain ___

Do you need help with any of the following?

	How often?	If no, what are your needs?
Meals	_____	_____
Housekeeping	_____	_____
Personal Care: (Bathing, Dressing etc.)	_____	_____
Transportation	_____	_____
Nursing Services	_____	_____
Other	_____	_____

Do you have difficulty walking? Yes _____ No _____ Sometimes _____

Do you use any of the following? Wheelchair _____ Walker _____ Cane _____ Crutches _____

If yes, how often? _____

Do you have problems controlling your bladder or bowels? Yes _____ No _____ Sometimes _____

Do you have difficulty getting to the bathroom on time? Yes _____ No _____ Sometimes _____

Does someone help you take your medications or remind you to take them? Yes _____ No _____

Any other concerns? _____

Insurance Company _____ ID# _____

Insurance Company _____ ID# _____

How did you hear about our building/program? _____

Applicant Signature _____

Name of person, if any, helping to complete this form _____

Relationship to applicant: _____ Phone _____

PLEASE RETURN COMPLETED APPLICATION TO:

Volunteers of America of Minnesota
Assisted Living Program
North Park Plaza
8201 - 45th Ave N., New Hope, MN 55428
Phone: 763-533-4777 Fax: 763-533-1802

FOR STAFF USE ONLY

Referral Source _____ Referral Date _____

Application received by _____ Date _____

EW _____ CADI _____ Case Mix _____

Spend down / Premium ? _____

Result _____ Start date _____