

VICTORIAN VILLA  
APPLICATION FOR RESIDENCY

Resident Name: \_\_\_\_\_ Date \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle initial \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Religion \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_  
Marital Status \_\_\_\_\_ Admitted from \_\_\_\_\_  
How were you referred to Victorian Villa? \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Medicare No. \_\_\_\_\_  
Other Insurance: Plan Name \_\_\_\_\_  
I.D. No. \_\_\_\_\_ Group No. \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone No. \_\_\_\_\_  
Podiatrist \_\_\_\_\_ Phone No. \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone No. \_\_\_\_\_  
Optometrist \_\_\_\_\_ Phone No. \_\_\_\_\_  
Audiologist \_\_\_\_\_ Phone No. \_\_\_\_\_  
Hospital Preference \_\_\_\_\_  
Allergies \_\_\_\_\_  
Identifying Marks \_\_\_\_\_  
Ambulance Club \_\_\_\_\_  
Funeral Home Preference \_\_\_\_\_ Phone No. \_\_\_\_\_  
Will the resident be using the services of our barber or beautician? \_\_\_\_\_  
If so, how often should they be scheduled (weekly, bi-weekly, etc)? \_\_\_\_\_

Will our staff be laundering the resident's personal laundry? \_\_\_\_\_

Who will be supplying the resident's medications? \_\_\_\_\_

Designated Person (Billing):

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone  
No.(home) \_\_\_\_\_ (work) \_\_\_\_\_

Relationship To Resident \_\_\_\_\_

Emergency contacts:

(Please list emergency contacts in the order you wish them to be notified. If the designated person should be notified first, list them first.)

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Phone No.(home) \_\_\_\_\_ (work) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Phone No.(home) \_\_\_\_\_ (work) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Phone No.(home) \_\_\_\_\_ (work) \_\_\_\_\_

Signature of individual completing this form \_\_\_\_\_

Please check which of the following are important to your daily routines?

\_\_\_\_\_ developing new friendships

\_\_\_\_\_ opportunity to find new interests or learn new things

\_\_\_\_\_ physical activity (like walking or exercise)

\_\_\_\_\_ social events

\_\_\_\_\_ community outings

\_\_\_\_\_ solitude

\_\_\_\_\_ entertainment

\_\_\_\_\_ other (please list) \_\_\_\_\_

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