



Gaines Park

Assisted Living Community

1740 Old 41 Highway
Kennesaw, Georgia 30152
770.424.1414



Resident Application

Gaines Park Assisted Living Community
1740 Old 41 Highway
Kennesaw, Georgia 30152

Personal Information

These forms may be completed by applicant, family members, or responsible party. Please answer all questions completely and accurately. Gaines Park holds this information in strict confidence and its use is for resident care issues only.

Resident

Last Name				First	Middle	Maiden	Date of Birth
Current address:							Place of Birth/Hometown
Street							Social Security Number
City	State		Zip		Medicare Number		
<input type="checkbox"/> Personal Residence	<input type="checkbox"/> Living with Family		<input type="checkbox"/> Male		<input type="checkbox"/> Female		
<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Other _____						
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single							

Sponsor/Representative

Primary:

Last Name		First Name	Relation
Address			Home Telephone Number
City	State	Zip	Cell Telephone Number

Secondary:

Last Name		First Name	Relation
Address			Home Telephone Number
City	State	Zip	Cell Telephone Number

Medical Conditions

- Anemia
- Angina
- Asthma
- Cancer
- Diabetes
- Emphysema
- Glaucoma
- Heart Conditions
- Liver Disease
- Hypertension
- Kidney Disease
- Parkinson's
- Stomach or GI Disease
- Osteoporosis

- Allergies**
- Aspirin
- Codeine
- Environmental Allergies
- Erythromycin
- Penicillin
- Sulfa Drugs
- Tetracycline
- Xanthenes

Other Health Conditions/Allergies/Special Needs:

Advance Directives

- Living Will
- Do Not Resuscitate
- Power of Attorney
For Healthcare

Name

Telephone Number

Preferences

Primary Physician Name

Name of Practice/Group

Address

City State Zip

Telephone Number

Specialty Physician Name/Specialty

Address

City State Zip

Telephone Number

Healthcare Assessment

Activities of Daily Living (Circle Answer)

Bathing	Independent	Needs Assistance
Dressing	Independent	Needs Assistance
Grooming	Independent	Needs Assistance
Eating	Independent	Needs Assistance
Toileting	Independent	Needs Assistance
Medication Mgmt.	Independent	Needs Assistance
Ambulation / Transfer	Independent	Needs Assistance

Assistive Devices:

Cane Walker Wheelchair Motorized Wheelchair

Impairments (Check Answer)

	<u>Poor</u>	<u>Average</u>	<u>Good</u>	<u>N/A</u>
Sight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mental Status

Alert Forgetful Confused Delusions Other: _____

Behavior Status

Cooperative Withdrawn Depressed Noisy Wanders Disruptive

Other Remarks _____

Special Needs

Diet: _____

Skin Care: _____

Oral Care: _____ Dentures: Yes / No

Continence: Incontinent: Yes / No Self Manage: Yes / No

Ileostomy / Colostomy: Self Manage: Yes / No

Other: _____

**Return
With Your
Application**

- ❖ Social Security Card
- ❖ Medicare Card (Both Sides)
- ❖ Medical Insurance Card
- ❖ Living Will
- ❖ Health Care & Financial Power of Attorney
- ❖ Guardianship (If Applicable)

A Non-Refundable Deposit of \$300 is required with this Application to be placed on a waiting list. The Deposit will be applied to the Administration Fee of \$600.

Signature

The completion of this application does not obligate the applicant(s) or Gaines Park to eventual occupancy.

By signing this application, I acknowledge that I understand the fees charged and services provided by Gaines Park. I am encouraged to contact the Administrator should I have any questions.

I make this application to Gaines Park, Kennesaw, Georgia of my own free will and accord. I declare the answers to the foregoing questions to be true and complete.

Signature of Applicant or Legal Guardian

Date

Signature of Spouse/second occupant

Date

Please return to:

**Administrator
Gaines Park
1740 Old Highway 41
Kennesaw, GA 30152
(770) 424-1414
Fax: (770) 420-1205**