

Reservation Application

Step 1

Applicant's Information

Name			
Street Address			
City	_ State	Zip	
Telephone			
Date of Birth	Age	Sex	
Present Housing Arrangeme	ent		
Responsible Party's Info	<u>rmation</u>		
Name			
Street Address			
City	_ State	Zip	
Telephone	Alternative		



Reservation Application

Additional Contact's Information

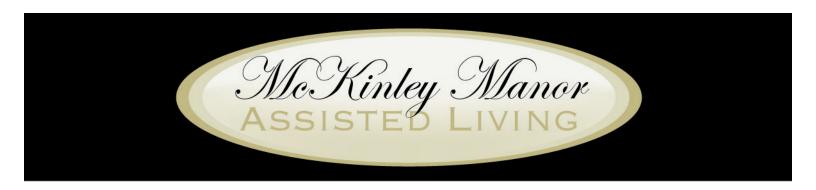
Step 2

Name			
Relationship			
Street Address			
City	State		Zip
Telephone	Alternative		
Medical Information			
Family Physician			
Telephone Number			
Specialist		Phone	
Home Health		Phone	

Desired Accommodations

Apartment Type: Apartment A ____ Apartment B ____

2023 West 4th Ave Sault Ste. Marie, MI 49783



Step 1

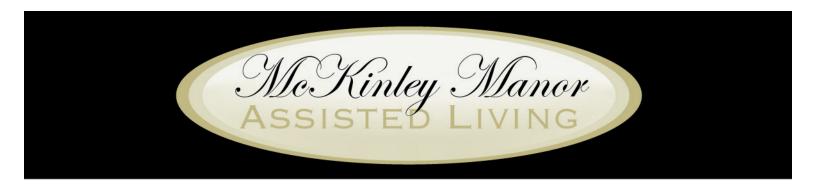
Current Living Situation	<u>on</u>			
Check all that apply.				
I presently live	S W A	In my own home/apartment Senior Community With Spouse Alone With family members With friends		
Assistance Needed				
Check all that apply. If yo	u are unsure	e, make the	best estimated guess	
Area of Assistance	<u>Yes</u>	<u>No</u>	Type of Assistance	
Bathing			Preparation/set-up Assist to/from Shower Stand-by assist for steadying Light washing Significant Washing	
Ambulation			Prosthesis Cane Walker Wheelchair Occasional Monitoring Stand by assist for safety Moderate ambulation assistance to meals and events Significant ambulation and transfer assistance	

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Step 2

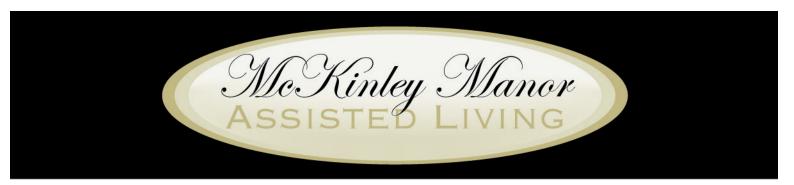
Area of Assistance	<u>Yes</u>	<u>No</u>	Type of Assistance
Grooming			Prompting/remindingSet-upModerate assistanceSignificant assistance
Dressing			PromptingOccasional physical assistanceModerate regular assistanceFull regular assistance
AM/PM Preparation			Prompting/reminding Awaken in AM Assist out of bed Daily checks Assist into bed Frequent checks per day Overnight checks Total care/all wake-up and bedtime tasks are assisted



Step 3

Area of Assistance	<u>Yes</u>	<u>No</u>	Type of Assistance
Toileting			Occasional promptingRegular promptingAssist on/off toiletStand by assist for safetyMaintain toileting scheduleLight assistance in changing undergarments (undressing/ cleaning)Full assistanceAssistance with stoma/catheter
Orientation			Light/occasional orientation Regular orientation and/or intvention/supervision due to significant impairment Frequent orientation and/or intervention/supervision due to significant impairment
Special Diet			Diabetic Low sodium Low fat Vegetarian Mechanical soft Pureed
Dining			Special utensils Light assistance Supervised dining/problems with chocking while eating Full assistance

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Step 4			
Area of Assistance	<u>Yes</u>	<u>No</u>	Type of Assistance
Medication			1 to 4 medications 5 to 9 medication 10 or more medication Light management/reminders Significant management Full assist with ordering/setup/ administering
Health Promotion			 Monthly monitoring of vitals Weekly monitoring of vitals/health condition Daily monitoring of vitals Stable health condition which requires occasional intervention and monitoring Stable health condition which requires consistent intervention and monitoring Light assistance in health maintenance and planning (scheduling appointments, corresponding with physician, advising resident)
Housekeeping/Laundry			Twice weekly housekeeping assistance and laundry service Light daily assistance (bed making, cleaning, laundry) Moderate daily assistance Significant daily housekeeping