McKinley Manor
ASSISTED LIVING

Reservation Application

Step 1

Applicant's Information

Name_____

Street Address_____

City_____ State_____ Zip_____

Telephone_____

Date of Birth_____ Age_____ Sex_____

Present Housing Arrangement_____

Responsible Party's Information

Name_____

Street Address_____

City_____ State_____ Zip_____

Telephone_____ Alternative_____

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

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Reservation Application

Step 2

Additional Contact's Information

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____

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Pre-Screening Questionnaire

Step 1

Current Living Situation

Check all that apply.

I presently live

_____ In my own home/apartment
_____ Senior Community
_____ With Spouse
_____ Alone
_____ With family members
_____ With friends

Assistance Needed

Check all that apply. If you are unsure, make the best estimated guess

Area of Assistance	Yes	No	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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Pre-Screening Questionnaire

Step 2

Area of Assistance	Yes	No	Type of Assistance
Grooming	_____	_____	_____ Prompting/reminding _____ Set-up _____ Moderate assistance _____ Significant assistance
Dressing	_____	_____	_____ Prompting _____ Occasional physical assistance _____ Moderate regular assistance _____ Full 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

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Pre-Screening Questionnaire

Step 3

Area of Assistance	Yes	No	Type of Assistance
Toileting	_____	_____	_____ Occasional prompting _____ Regular prompting _____ Assist on/off toilet _____ Stand by assist for safety _____ Maintain toileting schedule _____ Light assistance in changing undergarments (undressing/ cleaning) _____ Full assistance _____ Assistance 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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Pre-Screening Questionnaire

Step 4

Area of Assistance	Yes	No	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

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