



NAME OF APPLICANT

APPLYING FOR

Retirement Center

Special Care Unit

**DEFINITIONS**

**Independence:** without supervision, direction or active personal assistance.

**Assistance:** with supervision, direction, or personal help.

For each category, please check the description that best applies to the applicant.

**AMBULATION** *how the applicant moves about — physical and mental ability to get from one place to another.*

Requires no supervision or personal assistance with ambulation

Requires some supervision or personal assistance — please explain:

Requires total supervision or personal assistance with ambulation

Uses assistive device(s):

Cane

Tri-quad

Crutches

Walker

Walking speed:

Very slow

Slowly

Normal for age

**TRANSFER** *process of moving between positions (to/from bed, chair, standing).*

Requires no assistance with transferring

Requires some assistance with transferring — please explain:

Requires total assistance with transferring

**EATING** *process of taking food into the body.*

Requires no assistance with eating

Requires some assistance with eating — please explain:

Requires total assistance with eating



**DIET** *foods one can eat, as prescribed by physician.*

Regular

Regular, no salt on table

Other, please specify:

**DIETARY LIMITATIONS**

**PERSONAL HYGIENE / GROOMING** *washing face, combing hair, shaving, brushing teeth, nail care, makeup.*

Requires no assistance with personal hygiene/grooming

Requires some assistance with personal hygiene/grooming — please explain:

Requires total assistance with personal hygiene/grooming

**BATHING** *tub bath or shower, getting in/out, supervision during.*

Requires no assistance with bathing

Requires some assistance with bathing — please explain:

Requires total assistance with bathing

**DRESSING** *gets clothes from closets and drawers; puts on clothes, socks and shoes; manages fasteners.*

Requires no assistance with dressing

Requires some assistance with dressing — please explain:

Requires total assistance with dressing

**TOILETING** *going to/from toilet, cleansing self and adjusting clothes.*

Requires no assistance with toileting

Requires some assistance with toileting — please explain:

Requires total assistance with toileting



**CONTINENCE** *ability to control urination and bowel movement.*

Continent. Controls urination and bowel movement

Occasionally incontinent — please explain:

Incontinent — please explain:

**MEDICATION** *ability to administer medication as prescribed (Retirement Center applicant only).*

Requires no assistance with medication

Requires some assistance with medication — please explain:

Requires total assistance with medication

**PERSONAL LAUNDRY** *ability to wash and dry clothing (Retirement Center applicant only).*

Requires no assistance with personal laundry

Requires some assistance with personal laundry — please explain:

Requires total assistance with personal laundry

**VISUAL IMPAIRMENT**

Has no visual impairment

Has some visual impairment — please explain:

Wears glasses

Light sensitive — requires dark glasses outdoors:

Past or planned eye surgery (cataract / glaucoma) — please explain:



**HEARING IMPAIRMENT**

Has no hearing impairment

Has some hearing impairment — please explain:

Requires a hearing device(s) — please explain:

Has had ringing/vertigo episodes — please explain:

**SPEECH IMPAIRMENT**

Has no speech impairment

Has some speech impairment — please explain:

**SLEEPING PATTERNS**

Sleeps 6-8 hours nightly

Interrupted nighttime sleeping — please explain:

Often experiences nighttime wakefulness — please explain:

Requires medication for restful night

Takes a daily nap

**USUAL BEDTIME**

**USUAL WAKE TIME**

**FATIGUE**

Gets around without signs of tiredness or weakness

Often experiences tiredness and weakness

Requires oxygen while ambulating or during normal activities



**ORIENTATION: TIME** *knows time of day and night; knows day, month, year.*

Always

Sometimes — please explain:

Never

**ORIENTATION: PLACE** *knows location where she/he is; knows familiar places.*

Always

Sometimes — please explain:

Never

**ORIENTATION: PERSON** *knows own name and names of familiar persons.*

Always

Sometimes — please explain:

Never

**FORGETFULNESS** *inability to recall recent and past information.*

Always

Sometimes — please explain:

Never

**WANDERING** *does the applicant wander outside and forget where to go or how to get home?*

Yes

No

**IF YES, PLEASE EXPLAIN**

**ANY OTHER INFORMATION THAT WOULD ASSIST IN DETERMINING SUITABILITY FOR ADMISSION?**

SIGNATURE

DATE