



## Assisted Living Center ~ Salisbury

"A Community Built on a Lifetime of Experiences"

19 Beach Road • Salisbury, Massachusetts 01952

phone: 978 • 463 • 9809 fax: 978 • 463 • 3009 www.assistedlivingcenter.org

### Tell us a little about yourself...

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_

### Who will be helping you with this process...

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

### Help us to understand your needs...

- Do you currently live alone, with family, or in another health care facility? \_\_\_\_\_
- What medications do you take at this time? \_\_\_\_\_  
\_\_\_\_\_
- Have you recently been hospitalized, spent time in a rehabilitation facility or nursing home? Yes No  
If yes, please tell us why. \_\_\_\_\_
- What are your major medical /psychological conditions? \_\_\_\_\_
- What are your major physical challenges? \_\_\_\_\_
- Please circle any of the following items in which you feel you could use assistance:  
Bathing      Grooming      Toileting      Dressing      Walking      Meal Preparation  
Housekeeping      Getting In/Out of Bed      Laundry      Medication Reminders

### Some information about your financial status would be helpful...

- What is your total monthly income (including all sources) \$ \_\_\_\_\_
- Are your assets (including all bank accounts, CD's/bonds/stocks, real estate, and life insurance cash values)  
Less than \$2,000      Between \$2,000-\$10,000      Over \$10,000