**MENTAL STATUS CARE STATUS**

ALERT BEDRIDDEN

CONFUSED BED- CHAIR

FORGETFUL AMBULATORY

**BEHAVIOR IMPAIRMENTS**

COOPERATIVE \_\_\_\_\_ VISION \_\_\_\_

NOISY \_\_\_\_\_ LANGUAGE \_\_\_\_

WITHDRAWN \_\_\_\_\_ HEARING \_\_\_\_

SENILE \_\_\_\_\_ SPEECH \_\_\_\_

DISORIENTED \_\_\_\_\_ APHASIC \_\_\_\_

DISRUPTIVE/ AGGRESSIVE WALKING \_\_\_\_

**DIAGNOSIS:**

**MEDICATIONS:**

**CAN THE APLLICANT PERFORM THE FOLLOWING ACTIVITES OF DAILY LIVING:**

 **YES**  **NO** **COMMENTS**

BATHING

DRESSING

TOILETING

EATING

HOBBIES:

ADDITIONAL INFORMATION:

 **APPLICACTION FOR INDEPENDENT LIVING**

**DATE:**

**NAME OF APPLICANT:**

 **LAST FIRST MIDDLE**

**BRANCH OF SERVICE:**

**ADDRESS:**

**PHONE: NAME OF APPLICANT’S PARENTS:**

**MARITAL SATUS:** married single widowed divorced

**DATE OF BIRTH**:  **AGE: GENDER: F M**

**PLACE OF BIRTH**

**PAST OCCUPATIONS** (begin with most recent):

**RELIGION: CHURCH ATTENDED:**

**MEDICARE NO.: MEDICAID NO.:**

**OTHER INSURANCE:**

**SOCIAL SECURITY NO.:**

**PHYSICIAN:** (name and address)

**PERSON TO CONTACT WHEN BED IS AVAILABLE:**

**ADDRESS & PHONE NUMBER:**

**RETIREMENT DATE SPOUSE’S RETIREMENT DATE**

**EXPENSE FIDDLER’S GREEN CURRENT HOME/**

**ITEMS: FOUNDATION APARTMENT**

 **EXPENSES**

 **Housing/ Shelter**

* Mortgage/ Rent INCLUDED $
* Property Tax INCLUDED $
* Building Insurance INCLUDED $

 **Utilities**

* Electric INCLUDED $
* Gas INCLUDED $
* Water/Sewer INCLUDED $
* Trash Collection INCLUDED $
* Cable TV INCLUDED $
* Controlled Access INCLUDED $
* Security INCLUDED $

 **Maintenance**

* Building/ Apartment INCLUDED $
* Outside Grounds INCLUDED $
* Weekly Housekeeping INCLUDED $
* Laundry Facilities INCLUDED $

 **Meals**

* Three Meals per Day INCLUDED $

 **Health Issues**

* Emergency Call System INCLUDED $
* Wellness Programs INCLUDED $
* Ensure Service-Connected INCLUDED $
* DAV Accessibility for Benefits INCLUDED $

**Recreational Facilities/Programs** INCLUDED $

**Transportation**

* TAT Bus, Scheduled Routes INCLUDED $

**Fiddler’s Green Foundation vs.**

**Total Current Expenditures $**

**Fiddler’s Green Foundation**

**Fee Structure**

**Effective May 15th, 2019**

**ONE-BED ROOM TWO-BED ROOM THREE-BED ROOM**

*$3,000*/ month *$2,500*/ month *$2,300*/ month

**TRANSPORTATION:** Provide by Thumb Area Transit

**PET CARE:** Service Dogs Accepted**!**

**TEMPORARY STAY**: One person receiving services $150.00 per day

 Two persons receiving services $200.00 per day

**SECURITY DEPOSIT:** $950.00 REFUNDABLE

**GUEST MEAL:**  $7.00 noon meal

 $7.00 evening meal

 $11.00 holiday meal