A CARING HEART INDEPENDENT LIVING
4022 Manordale Dr, Houston, TX 77082 | Main: +1 (916) 370-5842 | Alt: +1 (346) 900-4168 Email: info@acaringhearthome.com

RESIDENTIAL ADMISSION & INTAKE APPLICATION

Instructions: *Please complete all sections below using black or blue ink. This document serves as the formal admission application for supportive residential housing.*

SECTION 1: RESIDENT PERSONAL INFORMATION

First Name: _____

Middle Name: _____

Last Name: _____

Preferred Name / Nickname: _____

Date of Birth (MM/DD/YYYY): _____

Gender: □ Male □ Female □ Other

SSN (Last 4 Digits): XXX - XX - _____

Phone Number: _____

Current Street Address: _____

City, State, Zip Code: _____

Marital Status: □ Single □ Married □ Divorced □ Widowed

Primary Language: _____

SECTION 2: EMERGENCY CONTACTS & LEGAL REPRESENTATIVE

PRIMARY EMERGENCY CONTACT

First Name: _____ **Last Name:** _____

Relationship: _____ **Phone:** _____

SECONDARY EMERGENCY CONTACT

First Name: _____ **Last Name:** _____

Relationship: _____ **Phone:** _____

LEGAL REPRESENTATIVE / POWER OF ATTORNEY (POA)

Does Resident Have a Legal POA / Guardian? □ YES *(Attach Docs)* □ NO

POA Full Name: _____

Type of POA: □ Healthcare □ Financial □ Full / General

POA Phone Number: _____

SECTION 3A: MEDICAL & HEALTH OVERVIEW

Primary Care Physician (PCP): _____

Clinic / Hospital Name: _____

Office Phone Number: _____

Medical Diagnoses: _____

Known Allergies: _____

Medication Management Plan:

□ **Self-Managed:** Resident stores and takes medications independently.

□ **Structured Reminders:** Resident requests staff reminders & logging.

DAILY ACTIVITIES (ADL) SELF-ASSESSMENT

Daily Activity	Independent	Needs Support	Cannot Perform
Bathing & Personal Hygiene	□	□	□
Dressing & Grooming	□	□	□
Eating & Dietary Support	□	□	□
Mobility / Navigation	□	□	□

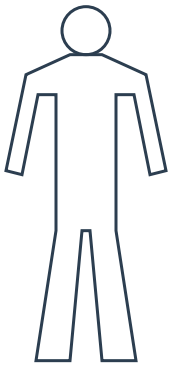
SECTION 3B: PHYSICAL INTAKE ASSESSMENT & BODY MAP

Instructions for Staff: Inspect resident upon admission. Mark existing bruises/cuts on body outlines and record below.

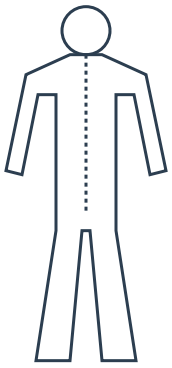
OBSERVATION KEY

[B] Bruise / Contusion
[C] Cut / Laceration
[S] Scar / Surgical
[R] Rash / Redness
[T] Tattoo / Mark
[P] Pressure Mark / Sore

ANTERIOR (FRONT)



POSTERIOR (BACK)



#	Body Location / Quadrant	Type Key	Description & Approximate Size
1			
2			
3			

□ **NO MARKS:** Resident has NO visible bruises, cuts, or pre-existing injuries upon intake.

SECTION 4: LEVEL OF CARE ACKNOWLEDGEMENT

Please initial on each line below to confirm understanding:

_____ **Non-Medical Facility:** I agree that A Caring Heart Independent Living is a supportive residential facility and does NOT provide skilled nursing care, 24/7 acute clinical monitoring, or medical treatment.

_____ **Medically Stable Status:** I confirm that the resident is medically stable and capable of residing in a supportive, independent community housing setting.

_____ **Third-Party Care:** I understand that any required skilled nursing, therapy, or home health care must be contracted independently through licensed outside agencies.

SECTION 5: FINANCIAL AGREEMENT & TERMS

Accommodation Type: □ Private Suite □ Semi-Private Suite

Monthly Rate: $_____ **Security Deposit:** $_____

Responsible Payer Party: □ Resident Self-Pay □ Family / POA □ Third-Party Agency

Payer Contact Name & Phone: _____

SECTION 6: CONSENTS & AUTHORIZATIONS

1. Emergency Care Consent: In the event of a medical emergency, acute illness, or injury, staff are authorized to call 911 and arrange emergency transportation. Medical costs are the responsibility of the resident.

2. Information Release Consent (HIPAA): Permission is granted to share necessary health, emergency, and housing status updates with designated emergency contacts, legal representatives, and physicians.

SECTION 7: ACKNOWLEDGEMENT & SIGNATURES

By signing below, I certify that all information provided in this admission application (including the Physical Body Map Assessment) is true and complete.

Resident Printed Name: _____

Resident Signature: _____ **Date:** _____

Legal POA Printed Name: _____

Legal POA Signature: _____ **Date:** _____

FOR INTERNAL FACILITY USE ONLY

Application Status: □ APPROVED □ DENIED □ PENDING

Assigned Room / Unit: _____ **Move-In Date:** _____

Intake Administrator Signature: _____ **Date:** _____