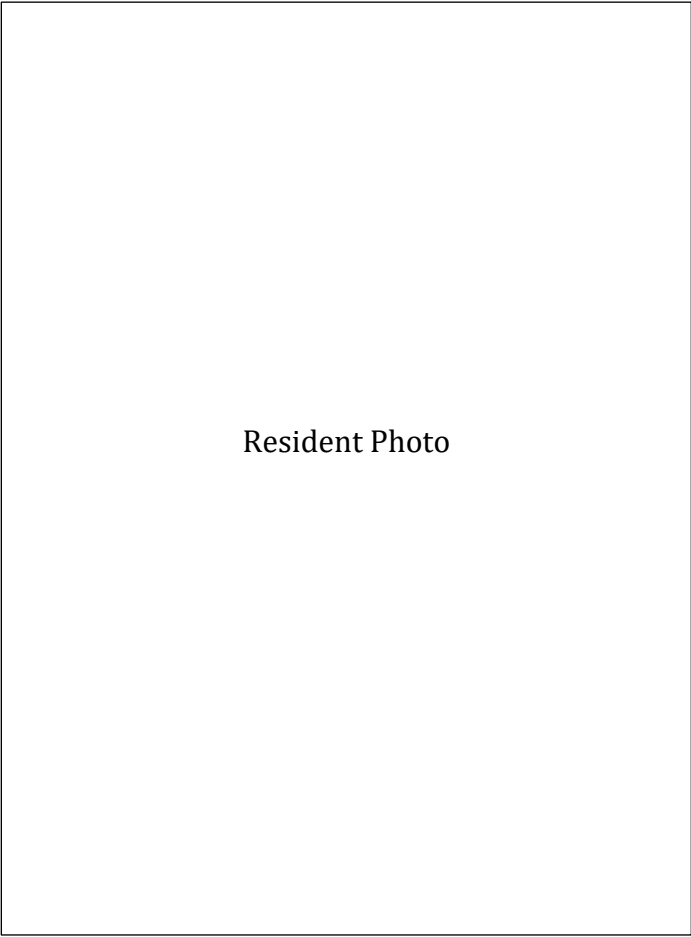


Resident Profile



Resident Photo

Move in Date: ____ / ____ / ____ Apt #: _____

Email Address: _____

PERSONAL BACKGROUND

- Name: _____ Age: ____ Date of birth: ____ / ____ / ____
 - Prefers to be addressed as: _____
- Residence (location and briefly describe setting, such as rural/suburban/ city, number of years, etc.) _____
 - Born and raised: _____
 - Other residences throughout lifetime that may be of importance: _____

FAMIY BACKGROUND

1. Spouse:

- Please list marriage(s)/ significant others:

Name: _____

Status: Divorced Widowed Other _____

- Most recent spouse's name: _____ Age: _____
- Most recent spouse's occupation: _____

2. Children:

- Yes No
- List names and ages of children, if any

Name:	Age:
_____	_____
_____	_____
_____	_____
_____	_____

3. Grandchildren/ Great Grandchildren

- Yes No
- List names and ages of grandchildren/ great grandchildren, if any

Name:	Age:
_____	_____
_____	_____
_____	_____
_____	_____

4. Siblings:

- Yes No
- List names and ages of siblings, if any

Name:	Age:
_____	_____
_____	_____
_____	_____
_____	_____

EDUCATIONAL/OCCUPATIONAL BACKGROUND

1. Education:

- Grade school High school College Graduate school Technical
- List name and location of each school attended and degrees received, if applicable

Name of School:

Location:

Degree:

Name of School:	Location:	Degree:
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Occupation(s);

- Please list former various occupations:

- Briefly describe the occupation most enjoyed (duties, responsibilities, any special memories, awards, recognitions, memberships in any professional organizations, etc.): _____

- Least enjoyed occupation: _____

3. Military Service:

- Yes No

- If yes, which branch? _____

- Rank, any special honors or medals, etc.: _____

SOCIAL/ACTIVITIES BACKGROUND

1. Religion/Denomination:

- What religion is he/she? _____
- Briefly describe the importance of religion and participation in related activities (i.e. “goes to church daily”, “attends services only on holidays”, “doesn’t actively participate”, etc.):

Past: _____

Present: _____

-
- Please list any other ways to nurture their spirituality (through reading, music, rosary, nature, etc.): _____
-

2. Social Groups/Organizations:

- Please list any memberships or participation in social organizations (women’s clubs, community, volunteer, Rotary, etc.): _____
-

3. Leisure Time:

- What activities/hobbies bring the most pleasure and/or relaxation

Past: _____

Present: _____

4. Interests: Please circle “C” for a “Current” interest or “P” for a “Past” interest

- | Life Skills | Group Interaction | Physical |
|---|--|---|
| <input type="checkbox"/> Sewing/Folding C / P | <input type="checkbox"/> Music/Singing C / P | <input type="checkbox"/> Group exercise C / P |
| <input type="checkbox"/> Cooking/Baking C / P | <input type="checkbox"/> Trivia C / P | <input type="checkbox"/> Dancing C / P |
| <input type="checkbox"/> Gardening C / P | <input type="checkbox"/> Reminiscing C / P | <input type="checkbox"/> Walking C / P |
| <input type="checkbox"/> Floral Arranging C / P | <input type="checkbox"/> Puzzles C / P | <input type="checkbox"/> Swimming C / P |
| <input type="checkbox"/> Painting/Art C / P | <input type="checkbox"/> Pets C / P | <input type="checkbox"/> Golf C / P |
| <input type="checkbox"/> Plumbing C / P | <input type="checkbox"/> Visiting Others C / P | <input type="checkbox"/> Tennis C / P |
| <input type="checkbox"/> Office C / P | <input type="checkbox"/> Children C / P | <input type="checkbox"/> Basketball C / P |
| <input type="checkbox"/> Cleaning C / P | <input type="checkbox"/> Instruments C / P | <input type="checkbox"/> Bowling C / P |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |

- | Community Work | Outings | Entertainment/Games |
|--|--|--|
| <input type="checkbox"/> Hospital C / P | <input type="checkbox"/> Shopping C / P | <input type="checkbox"/> Movie/Slides C / P |
| <input type="checkbox"/> Library C / P | <input type="checkbox"/> Movies C / P | <input type="checkbox"/> TV C / P |
| <input type="checkbox"/> Fundraisers C / P | <input type="checkbox"/> Plays/Theater C / P | <input type="checkbox"/> Cards C / P |
| <input type="checkbox"/> Church C / P | <input type="checkbox"/> Restaurants C / P | <input type="checkbox"/> Bingo C / P |
| <input type="checkbox"/> Youth C / P | <input type="checkbox"/> Scenic Rides C / P | <input type="checkbox"/> Presentations C / P |

Other

Other

Other

5. Please include which activity brings the most enjoyment, list of suggested reading materials, movies, and any activity that would *not* be enjoyable: _____
