

**RESIDENT - PERSONAL/SOCIAL DATA**

Name		Social Security Number	Marital Status
Last Home Address		Address From Which Received	
Date of Admission	Date of Birth	Birth Place	
Interests/Hobbies	Branch of Service, If Applicable	Advance Directives Information, If Applicable	
<b>Personal Representative</b> Name: _____  Address: _____ _____  Telephone: _____		<b>Personal Physician</b> Name: _____  Address: _____ _____  Telephone: _____	
<b>Personal Dentist</b> Name: _____  Address: _____ _____  Telephone: _____		<b>Clergyman/Place of Worship, If Applicable</b> Name: _____  Address: _____ _____  Telephone: _____	
<b>Next of Kin</b> Name: _____  Relationship: _____  Address: _____ _____  Telephone: _____		<b>Next of Kin</b> Name: _____  Relationship: _____  Address: _____ _____  Telephone: _____	
<b>Local Department of Social Services, If Applicable</b>  Agency Name: _____  Caseworker: _____ Address: _____ _____  Telephone: _____		<b>Other Agency, If Applicable</b>  Agency Name: _____  Caseworker: _____ Address: _____ _____  Telephone: _____	

**FOR ASSISTED LIVING CARE RESIDENTS COMPLETE THE INFORMATION ON REVERSE SIDE**

**ASSISTED LIVING CARE RESIDENTS - ADDITIONAL PERSONAL/SOCIAL DATA**

**1. DESCRIPTION OF FAMILY STRUCTURE AND RELATIONSHIPS**

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**2. PREVIOUS MENTAL HEALTH/MENTAL RETARDATION SERVICES HISTORY IF APPLICABLE FOR CARE OR SERVICES**

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**3. CURRENT BEHAVIORAL AND SOCIAL FUNCTIONING INCLUDING STRENGTHS AND PROBLEMS**

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**4. SUBSTANCE ABUSE HISTORY IF APPLICABLE FOR CARE OR SERVICES**

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