

APPLICATION FOR CONGREGATE APARTMENT
PLEASE PRINT NEATLY

GENERAL INFORMATION:

Name: _____

Name of Spouse: (If applicable) _____

Residential Address: _____

Mailing Address: (If different) _____

Telephone: _____

Names & Relationship Of Members Of current
Household: (If applicable) _____

How did you hear of the Captain Bearse
Congregate House? _____

Why are you interested in congregate housing at
this time? _____

Maiden Name: _____

Marital Status: _____

Date of Birth: ___/___/___ Age: _____

Gender: ___ Male
___ Female

Languages Spoken: _____

Religion: (Optional) _____

Former Occupation: _____

Social Security #: _____

Health Insurance: ___ Medicare
___ Medicaid
___ Medex
___ Other

Present Living Situation:

___ Live Alone
___ Live With Others
___ Elderly Housing
___ Own Home
___ Nursing Home/Rest Home
___ Other (_____)

Do you currently own any animals?
(If so, please describe) _____

MEDICAL INFORMATION:

Primary Physician: _____

Address: _____

Telephone: _____

Other Physician: _____

Address: _____

Telephone: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact: _____
Relationship: _____
Address: _____
Telephone: Home: _____
Work: _____

Family In Area: Name: _____ Relationship: _____
Address: _____
Telephone: _____
Name: _____ Relationship: _____
Address: _____
Telephone: _____

CURRENT SUPPORTIVE SERVICES:

I am currently receiving the following services:

- _____ Homemaker
- _____ Home Health Aide
- _____ Home Nursing Visits
- _____ Other: (_____)

Name of agencies providing services:

Number of visits per week: _____
Number of hours per week: _____

Which tasks would you need help with?

- | | |
|----------------------|---------------------------|
| _____ Bathing | _____ Dressing/Undressing |
| _____ Toileting | _____ Meal Preparation |
| _____ Housework | _____ Money Management |
| _____ Shopping | _____ Taking Medication |
| _____ Transportation | _____ Stairs |
| _____ Laundry | _____ Using the Telephone |

MISCELLANEOUS:

How do you like to spend your spare time? _____

Do you belong to any groups or clubs? _____

What are your special interests and pleasures?

Hobbies: _____

Sports: _____

Favorite movies: _____

Favorite music: _____

Favorite TV programs: _____

NOTE: IT IS THE RESPONSIBILITY OF THE APPLICANT TO REPORT ALL CHANGES OF INFORMATION TO THE CONGREGATE COORDINATOR AS THESE CHANGES OCCUR.

SIGNATURE OF APPLICANT

DATE

PLEASE RETURN THIS COMPLETED APPLICATION TO:
Chatham Housing Authority
240 Crowell Road
Chatham, MA 02633