



Supportive Housing Intake

Supportive Housing License Type

Assisted Living/Boarding Home Adult Family Homes Secure Memory Care Lisc # _____

Name of Community _____

Address _____

City _____ Zip _____

Phone _____ Fax _____

Certificates Held Dementia Mental Health Developmental Disability

Sources of Payment Accepted Private Pay LTC Insurance Medicaid

Number of Apartments _____ Types _____

Room Rate _____ LOC Charges _____

Levels of Care Provided _____

Medication Management _____ Nurse Delegation _____

Cultural Needs _____ Primary Language _____

Activities Provided _____

Behavioral Problems that can or cannot be met _____

Food Preferences & Special Diets accommodated _____

Regular CCHO Low Sodium Pureed

Other Special Care _____