



Anderson Woods, Inc.
3966 Adyeville Road
Bristow, IN 47515
Office: (812) 357-2325/ (270) 957-0260

APPLICATION FOR RESIDENCE

Resident's Name _____

Address _____ City _____ State _____ ZIP _____

Telephone _____ Social Security No. _____ Age _____

Relative of Resident (Applicant) Name _____

Address _____ City _____ State _____ ZIP _____

Telephone: Home _____ Work _____

Description of Resident's Condition, Needs, Strengths: _____

(Attach sheets as necessary and include Vocational Rehab, Sheltered Workshop or similar performance and/or position evaluations.) Anderson Woods, Inc. (AWI) reserves the right to determine, at its discretion, whether Resident's condition will be conducive and appropriate to living in any AWI home.

Resident's Current Physical and Mental Program of Medications, On-going Treatment, Therapy and Other Care: _____

(Attach sheets as necessary and include consent or statement of suitability from Resident's primary care physician and psychiatrist that residence at AWI is suitable for Resident.)

Financial Support Statement (i.e., Social Security Supplement (SSI) position, other resources or means of support in excess of government assistance programs proposed for Resident): _____

Health (and Other) Insurance Coverage of Resident (attach copies of current cards, policy verification or similar): _____

Provide any other information that Applicant or Resident have regarding the Resident that could be useful, helpful or important in establishing a living environment for Resident which is most conducive to Resident's well being in light of AWI's Charter (attach sheets as necessary): _____

This is an application only and completion of this form does not create any obligation or duty of AWI to provide a home or residential services to Resident.

To the best knowledge and belief of the undersigned Resident and Applicant, Resident/Applicant is not aware of any past behavior or current condition of Resident that would, or possibly could, make Resident a threat to himself/herself, other AWI residents or the community. The undersigned further recognize that in the event Resident moves into an AWI home, AWI is relying on both of the undersigned to provide thorough, accurate information regarding Resident; and, both Resident and Applicant, therefore, undertake to promptly provide additional information as/when any of the information supplied above changes or should be supplemented.

RESIDENT'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____