



SECOND FAMILY INITIAL APPLICATION

Second Family is an Adult Residential Care Facility, not a nursing care facility or “nursing home” and cannot admit people who clearly require the services provided in a hospital or nursing care facility. An Adult Residential Care Facility provides protected or supportive living arrangements for the elderly or, other residents who require or desire personal care services. These services include room and board, minimal help with personal hygiene, dressing and grooming needs, and assistance with medications.

All residents must be able to recognize danger (e.g. fire) and be able to take life saving action on their own initiative, by being capable of exiting the building unassisted when warned by a signal or prompted.

There is no licensed nurse on duty; however, the individual resident may elect to have the services of a licensed health care professional working under a third-party contract should they need or desire it.

Please complete the following:

NAME _____ BIRTH DATE _____
ADDRESS _____ SSN _____ PHONE _____
CURRENT PHYSICIAN'S NAME _____
CURRENT HEALTH CONDITION APPEARS TO BE STABLE ____ YES ____ NO
IF NO, EXPLAIN _____

MEDICATIONS CURRENTLY BEING TAKEN _____

FREE FROM TUBERCULOSIS? ____ YES ____ NO
FREE FROM COMMUNICABLE DISEASE? ____ YES ____ NO
ARE YOU CURRENTLY RECEIVING SERVICES FROM A LICENSED HEALTH CARE PROFESSIONAL?
____ YES ____ NO
ARE YOU ON A NORMAL DIET? ____ YES ____ NO IF NO, PLEASE EXPLAIN:

I HEREBY AUTHORIZE SECOND FAMILY TO VERIFY MY CREDIT INFORMATION.
SIGNATURE _____ DATE _____

PLEASE CHECK CURRENT FUNCTIONAL LEVEL:

- | | |
|-------------------------------------|--|
| 1. ____ AMBULATE INDEPENDENTLY | 13. ____ USE ASSISTIVE DEVICE |
| 2. ____ EAT INDEPENDENTLY | 14. ____ NEED ASSISTANCE WITH EATING |
| 3. ____ BATHE/SHOWER INDEPENDENTLY | 15. ____ NEED SUPERVISION |
| 4. ____ DRESS INDEPENDENTLY | 16. ____ USE ADAPTIVE DEVICES |
| 5. ____ UNRESTRICTED ACTIVITIES | 17. ____ NEED ASSISTANCE WITH DRESSING |
| 6. ____ ADMINISTERS OWN MEDICATIONS | 18. ____ RESTRICTIVE ACTIVITIES |
| 7. ____ NORMAL VISION | 19. ____ LIMITED VISION |
| 8. ____ NORMAL HEARING | 20. ____ AIDED HEARING |
| 9. ____ NORMAL SPEECH | 21. ____ OTHER |
| 10. ____ MENTALLY ALERT | 22. ____ CONFUSED, FORGETFUL, DEVIANT BEHAVIOR |
| 11. ____ CONTINENT | 23. ____ INCONTINENT |

FOR MORE INFORMATION, PLEASE RETURN THIS APPLICATION TO:

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