

# Sierra Independent Living Resident Application & Intake Form

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## SECTION 1: PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

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Preferred Move-In Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## SECTION 2: EMERGENCY CONTACT

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

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## SECTION 3: HEALTH & DAILY LIVING

Do you have any medical conditions we should be aware of?

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Do you take any prescribed medications?

☐ Yes ☐ No

Who manages your medications? ☐ Self ☐ Family Member ☐ Other: \_\_\_\_\_

Do you use any mobility devices (walker, wheelchair, cane, etc.)?

☐ Yes ☐ No

If yes, please specify: \_\_\_\_\_

**Are you able to perform daily personal care on your own (bathing, grooming, toileting)?**

☐ Yes ☐ No

**Do you require any support services? (If yes, please describe):**

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## **SECTION 4: LIFESTYLE & COMMUNITY LIVING**

**Do you smoke?** ☐ Yes ☐ No

**Do you have any allergies or dietary restrictions?**

☐ Yes ☐ No

If yes, please list: \_\_\_\_\_

**Are you willing to participate in community responsibilities such as cleaning shared spaces?**

☐ Yes ☐ No

### **Laundry Room Scheduling Notice:**

Residents will be assigned one laundry day per week (Monday–Friday). Do you have a preferred day?

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

(We will do our best to accommodate preferences.)

**Please note: Pets are not permitted at Sierra Independent Living.**

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## **SECTION 5: FINANCIAL INFORMATION**

**Primary Income Source(s):**

☐ Social Security

☐ Pension

☐ Disability

☐ Other: \_\_\_\_\_

**Estimated Monthly Income:** \$ \_\_\_\_\_

**Do you have someone assisting you with your finances?**

☐ Yes ☐ No

If yes, please provide their contact info: \_\_\_\_\_

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## **SECTION 6: CONSENT & SIGNATURE**

By signing below, I acknowledge that the information provided in this application is accurate and complete. I understand Sierra Independent Living is an independent living community and does not provide medical or personal care services.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_