

Resident Information Sheet

Resident Information Sheet

Circle One: New Resident or Change to Existing
Effective Date of Change: _____

Resident:

Legal Name:	
Preferred Name:	
Date of Birth:	
Social Security:	
Marital Status:	
Phone Number:	
Other:	

Financially Responsible Party:

Name:	
Phone Number:	
Address:	
Email Address:	
Responsibility: (circle one)	POA Conservator Other _____
Email Invoices?	Yes or No

Other Contact:

Name	_____
Phone Number	_____
Address	_____
Relationship	_____

Leave of Absence:

OOF Date:	_____	Time:	_____
Return Date:	_____	Time:	_____
Reason for Absence:	_____		

Facility: (Circle one)

Alpine Meadows	
Boise #1	Boise # 2
Columbia Village #1	Columbia Village #2
Columbia Village #3	
Emmett #1	Emmett #2
Lochsa Falls #1	Lochsa Falls #2
Meridian #1	Meridian #2
Middleton	Middleton #2
Mountain Home	
Payette	
Weiser #1	Weiser #2
Room #	_____
Move-in Date:	_____
Contract Date:	_____

LOCA Points

Base Rate:	_____
Care Rate:	_____
Furniture Rate:	_____
Telephone Fee:	_____
Other Fee:	_____

Total Monthly Rate:

Move in Fee:	_____
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Medicaid:

MID #	_____
Dual Eligible:	BCI or MHI
Not Elected	
Yet	<input type="checkbox"/>
BCI Patient ID:	XXM

Explanation for changes: _____

Move Out Information: (circle one)

Move Out

Death

Emergency Transfer

Explanation of Move

Out: _____

Date 30-Day Notice Given: _____

Last Date in Facility: _____ Bill Through Date: _____

form Submitted by: _____ Date: _____