



Davis Long Term Care Group

Dedicated to Love, Care, And Compassion

Your Request

Please complete this form to help us better serve you. We will review your specific requirements and contact you with further information. (* Required)

Your Name *

Phone * (207-000-0000)

Mailing Address

Email Address *

City/State/Zip

I am requesting information on behalf of: *

- Myself
- A Parent
- A Family Member
- Other _____

Proposed Resident's Name

Date of Birth

Insurance

- Private Pay
- MaineCare (Approved & Eligible)
- MaineCare (Pending Approval)
- MaineCare (Long term care app. completed)

Current Address

Primary Care Physician

Residency Request Time Frame *

When would you prefer to move in to a Davis Long Term Care facility?

- Immediately
- Within 30 Days
- When a room is available
- Other _____

Resident's Current Location
(Ex. Home, Hospital, Family Member)

What facility are you interested in?

Has the resident ever been in a long term care facility previously? If so, please tell us the name and location of the facility, reason for leaving, and approximate dates of stay.

Will the resident regularly require assistance with any of the following? (Please select all that apply.)

- Mobility
- Dressing
- Eating
- Medication
- Bathing
- Memory
- Bathroom
- Other _____

Is the resident ambulatory?

- Yes
- Yes, with cane assistance
- Yes, with walker assistance
- Yes, with crutches
- Yes, with wheelchair
- No
- Other _____

Notes/Message/Questions: Please add any additional information or comments.