



Resident Name:

Room #:

Move-In Date:

Admission Checklist

Needed - PRIOR To Admission:

- Application
- 30-Day Deposit Received Community Fee Received
- Health Care Practitioner Physical Assessment Form or Resident Assessment Tool
- MOLST (Maryland Orders for Life Sustaining Treatment)
- Assisted Living Manager Form (can be completed by family member or primary caregiver)
- Copy of Medical Directives (A form naming the Healthcare-Decision Maker)
- HIPAA Authorization Form
- Photo & Video Authorization Form
- Copy of Insurance and Prescription Cards
- Request for Services
- Resident Agreement

Needed - Day of Admission

- Daily and as needed medications including over the counter preparations in original prescription or OTC bottles with directions for use. We cannot accept medications in pill organizers.
- 8 pairs of clothes and personal toiletries.

Important Notes: