



Mesa Vista Assisted Living

Phone: 970-285-1844 Fax: 970-285-6351

E-Mail: mesavista@seniorhousingoptions.org

Instructions:

Fill out all requested information by printing or typing (except signatures). Attach pages if needed for additional information. Once complete, mail, fax, or scan and email application to the center.

After receiving the application, the center will call and set up an appointment for a visit and an assessment.

Admission Application

Applicant Name					
(Last)	(First)		(Middle Initial)		
Address(Street/Apt.)	(City)	(State)	(Zip)		
Phone	Social Security #				
Sex (circle) M F Age Date	of Birth/Place	ce of Birth (city/state)			
Marital Status (circle) Married S	ingle Divorced Widowed	Name of spouse (if living):_			
With whom does applicant live?					
Alternate emergency contact		Phone			
Address(Street/Apt.)	(City)	(State)	(Zip)		
Email	 Applicant He	alth History			
List any major operations, chronic	• •	•			
Personal Physician	Ph	one			
Addison					
Address(Street/Apt.)	(City)	(State)	(Zip)		
Preferred hospital					
Pharmacy	Phone				
Medicare/Insurance Information □ Part A Claim #					
□ Part B Claim #					
□ Other insurance coverage					

Admission p. 2 Name	e						
What assistance is re	quired in the foll	lowing areas?					
☐ Walking, Standing	Explain						
□ Toileting							
□ Bathing	Explain						
□ Eating	Explain						
Dietary Requirement Regular diet Low sodium Diabetic Other	ss:						
Medications		Dosage	Tin	nes Given			
Is supervision or help	required with m	nedication? Yes / No Expla	iin (if yes)				
Requested starting d	ate	Days: (circle) N	1onday Tuesday Thւ	ırsday Friday			
Transported by (circle)) City Fa	mily Other					
What additional spec	cial needs does th	ne applicant have? (i.e., need	d for socialization, supervision	ı, etc.)			
					·		
Name, address, and	phone number o	f individual or agency resp	onsible for payment o	of adult day car	re services		
Name	Phone						
Address							
(street)		(city)		(state)	(zip)		
Applicant Signature_			Date				
Signature of person of	completing this fo	orm	Re	elationship			