



**Ruth's House**  
*An Assisted Living Residence*

## RESIDENT APPLICATION

Name of prospective resident: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Marital Status:            Married            Widowed            Single            Divorced

To whom should we address correspondence (if other than the applicant)?

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

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

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Who is the applicant's next of kin?

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

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

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Has the applicant been hospitalized in the last 12 months?    Yes            No

If yes, when and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the applicant have a history of mental illness, aggressive behavior, or substance abuse?            Yes            No

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

\_\_\_\_\_

What is the applicant's current living situation? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long can this continue? \_\_\_\_\_

Has the applicant ever been a resident of any other home or institution?            Yes            No

If yes, give name and address: \_\_\_\_\_

\_\_\_\_\_

*I hereby certify that the statements in this application are true according to the best of my knowledge and belief.*

\_\_\_\_\_  
Signature of resident applicant or responsible party

\_\_\_\_\_  
Date

If mailing application, please mail to:

Ruth's House Assisted Living  
Director of Community Relations  
780 Converse Street  
Longmeadow, MA 01106