



loving care for memory loss since 1984

Rakhma

Waiting List Application

POTENTIAL RESIDENT NAME: _____

Date Completed: _____ Date of Birth: _____

CONTACT:

Contact/Relationship: _____

Address: _____

Phone: Cell: _____ Home: _____

Email: _____

MEDICAL DIAGNOSES: _____

Behavior needs: _____

Mobility Needs: **Y/N** Aids: _____

Incontinency Needs: _____

Sight: _____ Hearing: _____ Special diet, type: _____

Awake at night: **Y/N** Allergies (food, meds, pets): _____

Diabetic, Type: _____ Smoker: **Y/N**

How did you hear about Rakhma: _____

HOME/ROOM PREFERENCE: I would like to be on the waiting list for the following home(s):

Grace (Minnetonka)

Joy (St. Paul)

Peace (Minneapolis)

Harmony (Golden Valley)

First floor only

Second Floor or First Floor

Private room

Shared room

Either shared/private room