

MULHERIN CUSTODIAL HOME, INC.

2496 Halls Mill Road

Mobile, AL 36606

(251) 471-1998

(251) 471-4959 fax

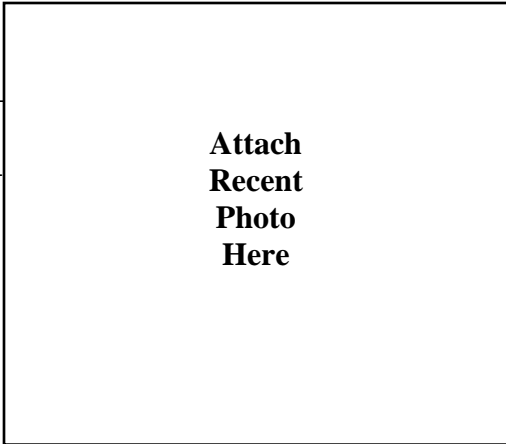
APPLICATION FOR ADMISSION

Person needing placement: _____

Sex: M F Date of Birth: _____

Age: _____

Address: _____



Person(s) Seeking Placement: _____

Relationship: _____

Address: _____

Home
Phone: _____

Cell

Phone: _____

Medical Diagnosis/Disability: _____

List any other limiting conditions: _____

Current residential or day program: _____

List any medical problems, historical and/or current: _____

Revised 10/2007

Describe any behavior problems: _____

List all current physicians (address and phone): _____

List all current medications (prescription and non-prescription):

Special Aids/Assistive Technology:

Circle all that apply

Glasses

Hearing Aid

Dentures

Crutches

Computer

Braces

Walker

Sign Language

Cane

Communicative Device

Other

Ambulation/Mobility:

Circle one

No assistance (walks independently)

Walker

Crutches

Cane

Wheelchair used independently

Wheelchair w/ assistance

Revised: 10/2007

Other Information:

To ensure the best care and placement for your loved one, please provide us with any other information you feel would be helpful.

Parent/Guardian Signature: _____

Date: _____

Revised 10/2007