

Adult Residential Facility Resident Profile

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

Location address: \_\_\_\_\_

Resident Profile (complete for each resident <i>no names</i> )				
Resident	Age	Private Pay or Medicaid?	Description of ability to ambulate (can transfer themselves, bear weight, wheelchair bound, uses walker, etc.)	Primary Diagnosis – i.e. age related infirmity, developmental disability, dementia, mental health – if mental health, describe diagnosis.
#1				
#2				
#3				
#4				
#5				
#6				