

Getting to Know You

Instructions: Complete for new people coming into your community.

Name: _____ Room #: _____ Record #: _____ (If applies)
Last First Middle Phone #: _____ (If installed)

What do you prefer to be called? _____ Sex: M F Birth Date: ___/___/___

Move-in date: ___/___/___ Where did you move here from? _____ How long did you live there? _____

Is there someone you would like us to contact or send information to regarding activity programs? Yes No
Contact Person: Name: _____ Relationship: _____ Phone #: (H) _____
Address: _____ (W) _____
E-mail: _____

Marital status: M D W S If married, spouse's name: _____ and Anniversary Date: _____
How many children do you have? _____ Do you have any grandchildren / great grandchildren? ___/___

Do you have family/friends in the area? _____

Do you know someone who lives here? Who? _____

Where were you born? _____ Language(s) spoken: _____

Where have you lived/traveled? _____

Where did you go to school/college? _____ Former/present occupation(s): _____

Were you ever in the military? Yes No Branch of Service: _____ Dates: _____

Would you like to share your religious affiliation? _____ Attend regularly? Yes No If yes, would you like us to contact? Yes No Contact person and phone # _____

Can we help you with voting? Yes No If yes, prefer to vote: Absentee Go to the polls

Do you need assistance with change of address or registering to vote? Yes No

Belong to any clubs/organizations? (past or present) Officer? _____

Involved in volunteer work? (past or present) _____

Do you enjoy pets? Have a pet? What kind? Name? _____

Do you still drive? Have a car? _____

What kinds of things do you enjoy doing? Any hobbies, talents, or special interests? Are there things you did in the past you might like to try again? Is there something you have always wanted to do or might like to try? (*Ask in particular about specific programs you have going on in your community.*) _____

How do you like to spend your day? (What kinds of things do you usually do in the morning, afternoon, evening?) _____

Can we offer you any special assistance or adaptive equipment? (i.e., large print books, etc.) _____

Anything additional you would like to share with us, either about yourself or about your family? _____

Date visited: ___/___/___ Visited with: _____ (resident/family)

Other Information obtained from: _____ (records, staff, etc.)

Observations and Notes: _____

Signature/Title: _____