

ALR:

SV DATE:

**RESIDENT "DOCUMENTS" REVIEW:**

Resident Name: \_\_\_\_\_ Move-in: \_\_\_\_\_

**1. Residency Agreement:** Date original was signed: \_\_\_\_\_

Cover sheet (required after 1-1-19): \_\_\_\_\_

Written Addendum:  Yes  No  N/A **If YES; date** \_\_\_\_\_

**2. Disclosure Statement:** Date of Signature of Resident \_\_\_\_\_ **Full copy in file:**  Yes  No

**Note:** If resident is unable to sign please list the name of the individual signing on behalf of the resident, this individual's relationship to the resident and the date of signature on the line below:

*Name*

*Relationship to Resident*

*Date*

**3. Consumer Guide-** Was this resident given a copy of the consumer guide?  Yes  No

**If, YES on what date:** \_\_\_\_\_

**4. Acknowledgement to bring a Representative:** Was this given to the resident?  Yes  No

**If, YES on what date:** \_\_\_\_\_

Received Disaster Plan: Was the resident provided with a copy of this?  Yes  No

If NO, is the Disaster Plan referenced in the Residency Agreement?  Yes  No

**5. Does this resident have any of the following documents in his/her business file?**

POA:  Yes  No

HCP:  Yes  No

Guardianship:  Yes  No **OTHER, please specify:** \_\_\_\_\_

**ALR Representative providing the requested Information**

**Print Name**

**Position**

**Date**