



**E. Medical/Physical Information:**

Does applicant have a current diagnosis of AIDS? Y N HIV? Y N  
When was applicant first diagnosed with AIDS? \_\_\_\_\_ HIV? \_\_\_\_\_  
Current CD-4 Count (if known)? \_\_\_\_\_ Current Vial Load (if known)? \_\_\_\_\_  
Is applicant currently taking medications for treatment of AIDS/HIV? Y N  
For what other medical conditions is applicant currently being treated? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For what medical conditions not listed above has applicant been treated in the past 5 years? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List ALL medications being taken by applicant. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any physical limitation or problems: \_\_\_\_\_

What is the date of the applicants most recent PPD test? \_\_\_\_\_

Were the results positive or negative? (circle one) \_\_\_\_\_

How well is the applicant able to take care of the following activities of daily life?

	Able to perform without assistance \	Able to perform with some assistance \	Able to perform with much assistance \	Unable to perform without assistance
*Ambulation/locomotion (ability to move around)	_____	_____	_____	_____
*Bathing	_____	_____	_____	_____
*Eating	_____	_____	_____	_____
*Grooming	_____	_____	_____	_____
*Toileting	_____	_____	_____	_____
*Transferring (in/out of bed, chair, etc.)	_____	_____	_____	_____

**F. Mental Health/Substance Abuse Information:**

Is applicant currently receiving treatment for any psychiatric/mental health disorder? (Yes) (No)

Has applicant ever been treated for any psychiatric/mental health disorder? (Yes) (No)

Does applicant have any history of depression, anxiety, or panic disorder? (Yes) (No)

Does applicant have any history of memory problems, hallucinations, or delusions? (Yes) (No)

Does applicant have any history of suicidal or homicidal thinking or behavior/gestures? (Yes) (No)

Has applicant ever been treated for alcoholism or drug abuse/dependency? (Yes) (No)

Has applicant had any problems (legal, marital, family, job, social, etc.) related to the use of alcohol or other drugs? (Yes) (No)

Is applicant currently in any recovery or treatment program for alcoholism or addiction? (Yes) (No)

If so, how long? \_\_\_\_\_

Explain all YES responses here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. Financial/Resource Information:**

Monthly Income: Salary \$ \_\_\_\_\_ Social Security/SSI\$ \_\_\_\_\_ Retirement \$ \_\_\_\_\_

Vet. Adm. \$ \_\_\_\_\_ Other (specify): \_\_\_\_\_ \$ \_\_\_\_\_

What other benefits does applicant currently receive?

\_\_\_\_ Insurance-Type \_\_\_\_\_ Company \_\_\_\_\_ Policy# \_\_\_\_\_

\_\_\_\_ Medicaid # \_\_\_\_\_

\_\_\_\_ Medicare # \_\_\_\_\_

\_\_\_\_ Other (specify): \_\_\_\_\_

Does applicant have a designated "payee"? Y N -Name/Address/Phone: \_\_\_\_\_

Does applicant have a "legal guardian" or someone with Power of Attorney? Y N  
Name/Address/Phone: \_\_\_\_\_

**H. Other Information:**

Has applicant ever received services from AIDS Care Service, Inc. or Holly Haven? Y N

If YES, when? \_\_\_\_\_ What services/program? \_\_\_\_\_

Has applicant ever lived in a group setting before? Y N If YES, were there any problems living with or getting along with other people? Y N If YES, explain: \_\_\_\_\_

Besides, Holly Haven, has an attempt been made to find placement at another facility? Y N

If YES, what has been the outcome? \_\_\_\_\_

Does applicant have a Living Will or Advance Directives? Y N (provide copies if admitted)

Does applicant have any pre-arranged death or burial plans? Y N Explain: \_\_\_\_\_

What other information would be helpful for Holly Haven to know in consideration of this application?  
\_\_\_\_\_  
\_\_\_\_\_

**I. Goals of/for Applicant:** What are the applicant's current goals or plans in life that might be met if admitted to Holly Haven?

1.

2.

3.

I certify that the information given on this application is true and complete to the best of my knowledge. I understand that any false or misleading information provided on this application may be grounds for denial of admission of applicant or for discharge of applicant from Holly Haven if applicant is admitted.

Date Application Complete: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Signature of Person \_\_\_\_\_

Competing this Application: (in not applicant)

For Office Use Only