



# *Fairview Adult Foster Care*

## RESIDENT INFORMATION QUESTIONNAIRE

To help us better serve you, please respond to the following questions and return to us by either regular mail, fax or email. Once we have reviewed the information, we will contact you to set up a tour and lunch with us. Thank you.

1. Potential Resident's Name: \_\_\_\_\_
2. Current Age: \_\_\_\_\_
3. Birth Date: \_\_\_\_\_
4. Diagnosis: \_\_\_\_\_
5. Present Living Situation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Name of party to contact: \_\_\_\_\_
7. Phone number: \_\_\_\_\_
8. Email: \_\_\_\_\_

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