

Administrative Office

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Warwick, RI 02889

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Cornerstone Adult Services, Inc.

Member Saint Elizabeth Community

www.stelizabethcommunity.org



Application for Admission

Memory Care Center Apponaug Center Bristol Center Little Compton Center

Applicant Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Date of Birth: _____ Sex: Male Female

Marital Status: Single Married Divorced Widowed

With whom does applicant live: Alone Spouse Adult Child Group Home Other

Reason for application: _____

Days needed: Monday Tuesday Wednesday Thursday Friday Saturday Unsure

Needs assistance with: Walking Toileting Bathing Eating Other

Does applicant have memory impairment? Yes No

What special needs does the applicant have? (i.e., need for socialization, supervision, etc.) _____

Caregiver Information

#1. Caregiver Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Relationship: _____

#2. Caregiver Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Relationship: _____

Person completing this form: Caregiver #1 Caregiver #2 Other

If other, please note name, relationship and phone number: _____
