

## NEW RESIDENT MOVE IN FORM

### WELCOME TO LIFELOOP!

Full Name: \_\_\_\_\_

Room: \_\_\_\_\_

Phone: \_\_\_\_\_ Can this phone receive texts? (Y/N)

Email: \_\_\_\_\_

Medical Power of Attorney: \_\_\_\_\_

Please provide the names of individuals that should have access to your LifeLoop account:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a Veteran? (Y/N) If Yes, which branch? \_\_\_\_\_

Likes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dislikes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\*Please sign indicating that you agree to share your information with the individuals list above.

### FOR STAFF USE:

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Please check the box if the resident has provided a signed photo release