

NEW RESIDENT MOVE-IN FORM



Resident Information

Name: _____ Date of Birth: _____ Room: _____

Phone: _____ Can this phone receive texts? ☐ Yes ☐ No

Email: _____ Are you a Veteran? ☐ Yes ☐ No

If **YES**, in which branch(es) did you serve? _____

Likes: _____

Dislikes: _____

Medical Power of Attorney: _____

Invite your friends & family to connect in LifeLoop!



Provide the information below for each individual you'd like to invite to connect with you and your community in LifeLoop. Each connection must have a unique email.

Name: _____ Email: _____

Phone: _____ Relationship: _____

Name: _____ Email: _____

Phone: _____ Relationship: _____

Name: _____ Email: _____

Phone: _____ Relationship: _____

Resident Signature: _____ Date: _____

**Your signature indicates that you agree to share your information in LifeLoop with the individuals listed above.*

For Staff Use: ☐ Check the box if the resident has provided a signed photo release.