

**THE LAMB FOUNDATION  
RESIDENTIAL APPLICATION /INTAKE FORM**

114 N. Main Street • North Wales, PA 19454

(215) 699-5600 • Fax (215) 661-8825



Email [Lamb5600@fast.net](mailto:Lamb5600@fast.net) Website: [www.LambFoundationPA.org](http://www.LambFoundationPA.org)

**Personal Information**

Name	Referral Source
Address	Relationship to Resident
City, State, Zip	Address
( ) Phone	City, State, Zip
Date of Birth	( ) Home Phone
M F Sex	( ) Cell Phone
Social Security Number	Email Address
Medicare Number	

**Family / Emergency Contacts**

Primary Emergency Contact	Secondary Emergency Contact
Relationship	Relationship
( ) Home Phone	( ) Home Phone
( ) Wok/Cell Phone	( ) Work/ Cell Phone
Address	Address
City, State, Zip	City, State, Zip
Email	Email
We routinely send emails with Lamb information and events	We routinely send emails with Lamb information and events.

**Health Care Information**

Medicare or Insurance Plan Name	ID Number/Group Number
Access/Insurance Number	
<b>Primary Care Physician</b>	<b>Psychiatrist (if applicable)</b>
Address	Address
City, State, Zip	City, State, Zip
( ) Phone	( ) Phone
Primary Diagnosis:	Primary Diagnosis:
Secondary Diagnosis:	Secondary Diagnosis:

## Financial Information

### Income

Source(s):      \_\_\_ SSI    \_\_\_ SSDI    \_\_\_ Retired ,Social Security    \_\_\_ Work    \_\_\_ Family    \_\_\_ Pension

\$

\_\_\_\_\_ Amount per month

\_\_\_\_\_ Name of person who handles finances

### Bank Accounts:

Name of Bank and Branch Location

Type of Account and Account Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Funeral / Burial Arrangements

Plot Owned/Available      \_\_\_ YES    \_\_\_ NO    Location: \_\_\_\_\_

Who is responsible for Arrangements?

\_\_\_\_\_

Funeral Arrangements Funded?      \_\_\_ YES    \_\_\_ NO    Location: \_\_\_\_\_

**ADDITIONAL INFORMATION, If Any:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Certification

The undersigned certify that the information provided on this Residential Application / Intake Form is true and correct and understand that Lamb Foundation may rely upon such information in considering the applicant for acceptance into its residential program.

**I/We acknowledge Lamb Foundation is not, nor provides, state  
Licensed Personal Care Boarding Homes.**

\_\_\_\_\_ Applicant Signature

Date: \_\_\_\_\_

\_\_\_\_\_ Referral Source/Family Member Signature

Date: \_\_\_\_\_