



**LAMB MANGER
EMERGENCY HOUSING APPLICATION /INTAKE FORM**

114 N. Main Street • North Wales, PA 19454
(215) 699-5600 • Fax (215) 661-8825

Email info@lambpa.com Website: www.LambFoundationPA.org



Personal Information

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

Family / Emergency Contacts

Primary Emergency Contact Relationship	Secondary Emergency Contact Relationship
() Home Phone () Wok/Cell Phone	() Home 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	
Primary Care Physician	Psychiatrist (if applicable)
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: _____

LAMB FOUNDATION
HOUSE RULES:

1. VIOLENCE IS NOT PERMITTED IN ANY FORM (Physical, verbal, or threats).
2. RESIDENTS MUST COOPERATE IN TAKING ALL THEIR PRESCRIBED MEDICATIONS ON TIME.
3. SMOKING IS NOT PERMITTED INSIDE ANY LAMB FOUNDATION HOME OR BUILDING. **(\$20 Fine per Incident)**
4. PORNOGRAPHY IS NOT PERMITTED IN ANY FORM.
5. SUBSTANCE ABUSE OR POSSESSION OF ILLEGAL SUBSTANCES IS NOT PERMITTED BY ANY LAMB FOUNDATION RESIDENT.
6. CONSUMPTION OR POSSESSION OF ALCOHOLIC BEVERAGES IS NOT PERMITTED IN ANY LAMB FOUNDATION HOME OR BUILDING.
7. VISITORS ARE NOT PERMITTED IN RESIDENT BEDROOMS OR LAMB FOUNDATION HOMES.
8. FOOD IS NOT PERMITTED TO BE EATEN OR STORED IN RESIDENT BEDROOMS.
9. FOR FIRE SAFETY, COMBUSTIBLE SUBSTANCES ARE NOT PERMITTED TO BE STORED IN LAMB FOUNDATION HOMES OR BUILDINGS.
10. RESIDENTS SHOULD RESPECT THE PEACE OF THEIR HOMES. LOUD RADIO, TELEVISION OR OTHER LOUD NOISE IS NOT PERMITTED.
11. RESIDENTS ARE EXPECTED TO KEEP THEIR BEDROOMS AND HOMES TIDY. LAMB FOUNDATION PROVIDES CLEANING SERVICE.
12. OBSCENE OR VULGAR SPEECH IS NOT PERMITTED.
13. RESIDENTS ARE EXPECTED TO EXTEND COMMON COURTESY TO OTHER RESIDENTS AND STAFF.
14. ALL RESIDENTS ARE EXPECTED TO MAINTAIN DAILY PERSONAL HEALTH AND HYGIENE SCHEDULES.
15. FIREARMS, AIR GUNS, BB GUNS, KNIVES, CHEMICAL SPRAYS OR WEAPONS OF ANY KIND ARE PROHIBITED IN LAMB FOUNDATION RESIDENCES OR PROPERTY.

Resident Signature

Family Representative Signature