



Hope Landing

Charlotte's Premier Assisted Living Community

RESIDENT INQUIRY FORM

Date of Inquiry: ____/____/____ Time: _____ Toured: Yes ____ No ____

Potential Resident Name(s) _____

Contact Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Email: _____

Where is he/she living now?

- Living in own home
- Retirement home
- Living in family member's home
- Hospital
- Other _____

How soon are you looking for placement?

- Within 30 days
- 30-90 days
- 90 days or longer

What is the health status of the potential resident?

- Good/Fair/Poor/Hospital
- Ambulatory issues?
- Incontinence issues?
- Memory Issues

How did you hear about us? _____

Additional Notes:

Name of person completing this form: _____ (please print)

Date given to the administrator: _____

Follow up call made to potential Resident/Family: _____

Notes: