

INDEPENDENT LIVING FORM
Prepared for
SCOTTISH RITE PARK, INC.
2909 Woodland Avenue
Des Moines, Iowa 50312 (PH: 515-274-4614)

NAME OF APPLICANT: _____

Residents entering Scottish Rite Park independent living units must be capable of living independently meeting the following general requirements or may be assisted by a spouse if that spouse meets these same criteria.

Please answer the following questions by placing an **A** for **ALWAYS**, **S** for **SOMETIMES**, or an **N** for **NEVER**.

As a prospective resident of Scottish Rite Park, Inc.:

_____ I am able to prepare adequate meals without reliance upon others in my living unit.

_____ In the dining room, I can make my own adequate food selections, make dinner reservations, go to and from the dining room without reliance upon others and eat without assistance.

_____ I can do my own housekeeping alone or make own arrangement for help with heavy work.
I can maintain my own living unit in a clean condition, including removal of garbage and trash.

_____ I am mobile and can move throughout the public spaces without reliance upon others.

_____ I am capable of proper self administration of medications in correct dosages at correct time.

_____ I am able to purchase food, medications, clothing etc. required for daily living without reliance upon others in the independent living units.

_____ I am capable of managing my own financial matters.

_____ I travel independently, have my own car or arrange for my own travel.

_____ I care for myself completely. (i.e. Toilet and personal hygiene)

_____ I can bathe myself without reliance upon others.

_____ I am always appropriately dressed and groomed without reliance upon others. My hair, nails, hands, face, clothing are clean.

_____ I have no difficulty with time, place or person orientation.

_____ I am able to fully participate in planning and exercising good judgement in decision making in matters of personal health and welfare, or can participate in planning and decision making.

_____ I have no symptoms of anxiety, depression, paranoia, or phobias.
Symptoms listed are mild and do not significantly hinder the daily independent living.

_____ I have no disturbing or disabling behavior patterns, traits or personal habits that would affect my suitability for group living.

_____ I am aware of and practice routine safety matters without reminders or teaching assistance.

_____ I am able to safely operate household appliances within the living unit.

_____ My use of drugs or alcohol is not excessive or abusive.

Scottish Rite Park, Inc. expects residents that fail to meet a significant number of the above criteria after admission to the independent living units, will be required to seek admission to the residential or nursing facilities.

I affirm that the information provided above is correct to the best of my knowledge. I am aware that any negligence in answering these questions inaccurately could prohibit my acceptance into Scottish Rite Park.

SIGNATURE

DATE

Please call (515-274-4614) for a personal interview and bring this completed form with you.