



Warm Valley Lodge

Assisted Living • Life Celebrated • Independence Respected

Resident Inquiry Form

Date of Inquiry: ___/___/___ Time: _____ Toured: Y ___ N ___

Potential Resident Name: _____

Contact Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Email: _____

Where is he/she living now? _____

How soon are you looking for placement? _____

How did you hear about us? _____

Additional Notes:

Name of person completing form: _____

Date given to Admin &/or RN: _____

F/U Call to

Resident/Family: _____
