

# Getting to Know You

**Instructions:** Complete for new people coming into your community.

**Name:** \_\_\_\_\_  
*Last First Middle* Room #: \_\_\_\_\_ Record #: \_\_\_\_\_ (If applies)  
Phone #: \_\_\_\_\_ (If installed)

What do you prefer to be called? \_\_\_\_\_ Sex:  M  F Birth Date: \_\_\_\_\_

Move-in date: \_\_\_\_\_ Where did you move here from? \_\_\_\_\_ How long did you live there? \_\_\_\_\_

Is there someone you would like us to contact or send information to regarding activity programs?  Yes  No

Contact Person: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: (H) \_\_\_\_\_  
Address: \_\_\_\_\_ (W) \_\_\_\_\_  
E-mail: \_\_\_\_\_

Marital status:  M  D  W  S If married, spouse's name: \_\_\_\_\_ and Anniversary Date: \_\_\_\_\_  
How many children do you have? \_\_\_\_\_ Do you have any grandchildren / great grandchildren? \_\_\_\_\_ / \_\_\_\_\_

Do you have family/friends in the area? \_\_\_\_\_

Do you know someone who lives here? Who? \_\_\_\_\_

Where were you born? \_\_\_\_\_ Language(s) spoken: \_\_\_\_\_

Where have you lived/traveled? \_\_\_\_\_

Where did you go to school/college? \_\_\_\_\_ Former/present occupation(s): \_\_\_\_\_

Were you ever in the military?  Yes  No Branch of Service: \_\_\_\_\_ Dates: \_\_\_\_\_

Would you like to share your religious affiliation? \_\_\_\_\_ Attend regularly? Yes  No  If yes, would you like us to contact?  Yes  No Contact person and phone # \_\_\_\_\_

Can we help you with voting?  Yes  No If yes, prefer to vote:  Absentee  Go to the polls

Do you need assistance with change of address or registering to vote?  Yes  No

Belong to any clubs/organizations? (past or present) Officer? \_\_\_\_\_

Involved in volunteer work? (past or present) \_\_\_\_\_

Do you enjoy pets? Have a pet? What kind? Name? \_\_\_\_\_

Do you still drive? Have a car? \_\_\_\_\_

What kinds of things do you enjoy doing? Any hobbies, talents, or special interests? Are there things you did in the past you might like to try again? Is there something you have always wanted to do or might like to try? (*Ask in particular about specific programs you have going on in your community.*)

How do you like to spend your day? (What kinds of things do you usually do in the morning, afternoon, evening?)

Can we offer you any special assistance or adaptive equipment? (i.e., large print books, etc.)

Anything additional you would like to share with us, either about yourself or about your family?

Date visited: \_\_\_\_\_ Visited with: \_\_\_\_\_ (resident/family)

Other Information obtained from: \_\_\_\_\_ (records, staff, etc.)

Observations and Notes: \_\_\_\_\_

Signature/Title: \_\_\_\_\_