

THE LAMB FOUNDATION  
RESIDENTIAL APPLICATION / INTAKE FORM

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



Email: [Info@LambPA.com](mailto:Info@LambPA.com) Website: [www.LambFoundationPA.org](http://www.LambFoundationPA.org)

**Personal Information**

_____ Name	_____ Referral Source
_____ Address	_____ Relationship to Resident
_____ City, State, Zip	_____ Address
( ) _____ M F Phone Date of Birth 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.

\_\_\_\_\_ Applicant Signature

Date: \_\_\_\_\_

\_\_\_\_\_ Referral Source/Family Member Signature

Date: \_\_\_\_\_

HOUSE RULES:

1. NO VIOLENCE IN ANY FORM (Physical, verbal, or threats).
2. MUST COOPERATE IN TAKING ALL PRESCRIBED MEDICATIONS ON TIME.
3. NO SMOKING IN THE HOUSE OR INSIDE ANY LAMB FOUNDATION PROPERTY.
4. NO PORNOGRAPHY.
5. NO SUBSTANCE ABUSE.
6. NO ALCOHOLIC BEVERAGES.
7. NO GUESTS IN THE BEDROOMS. GUESTS ALLOWED ONLY IN THE LIVING ROOM OR COMMON AREAS.
8. NO FOOD IN ROOMS.
9. NO STORAGE OR HOARDING OF COMBUSTIBLE SUBSTANCES (For Fire Safety)
10. NO LOUD RADIO OR TELEVISION (Respect the peace of your home).
11. MUST KEEP ROOM TIDY (We will clean).
12. NO OBSCENITIES OR VULGARITY.
13. COMMON COURTESY EXTENDED AT ALL TIMES.
14. PERSONAL HYGIENE A MUST – NO EXCEPTIONS.

\_\_\_\_\_  
Signature of Resident

Date: \_\_\_\_\_