



*Your complimentary  
use period has ended.  
Thank you for using  
PDF Complete.*

[Click Here to upgrade to  
Unlimited Pages and Expanded Features](#)



## Resident Application Instructions

1. Print out the following application.
2. Fill out all relevant information on application.
3. Mail completed application to:

Family of Friends, Inc.  
2340 Celery Avenue  
Sanford, FL 32771



**PDF Complete**

Your complimentary use period has ended.  
Thank you for using PDF Complete.

[Click Here to upgrade to Unlimited Pages and Expanded Features](#)

## Resident Application

2340 Celery Avenue  
Sanford, FL 32771  
(407) 330-9318  
ALF # AL7392



Email Address: \_\_\_\_\_ Name of Contact: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_

Name of Prospective Resident: \_\_\_\_\_ Age of Resident: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medications: \_\_\_\_\_

Has the prospective resident ever resided in a residential treatment facility/assisted living facility/group home?

- Yes
- No

By which methods will the prospective client's fees be paid? Check all that apply.

- Full Private Payment
- Partial Private Payment
- State Payment
- Medicaid (Not available at this time)
- DSSI

Prospective Resident's Hobbies or Interests: \_\_\_\_\_

References: \_\_\_\_\_