

PERSONAL INFORMATION REGARDING YOU/YOUR LOVED ONE

Resident's Name _____ **Room Number** _____

We invite you to give us three events, roles, or thoughts about yourself/your loved one at Matulaitis that would help caregivers relate on a more personal level when providing care.

Some example items:

Tom is a WWII vet and survived Normandy.

Tom was active in his Congregational parish and was the church organist.

He celebrated 50 years of marriage with his wife Agnes prior to her death in 2010.

The information will be typed up, framed, and placed in the room for all who enter to see.

This is an entirely voluntary program and is sponsored by the Family Council and approved by Administration. By filling out, signing, and submitting the information below, you agree to post this information for public view in the above-named resident's room.

1. _____

2. _____

3. _____

Signature (required): _____ Date: _____

Printed name: _____

Relationship to Resident: _____

Completed forms may be submitted to the receptionist, Administrator, Director of Nursing Services, Unit Manager, any social worker, or Family Council members. They may also be mailed to the attention of Social Services to Matulaitis Rehabilitation & Skilled Care, 10 Thurber Road, Putnam, CT 06260.