



CONFIDENTIAL APPLICATION FOR ADMISSION.....

Name of applicant : _____ D.O.B.: _____ Sex: _____

Address: _____ Phone: _____

Marital status: _____ Birthplace: _____ Previous Occupation: _____

Now residing at: _____ For how long: _____ Veteran: Yes No If yes, which branch? _____

Name of responsible party: _____ Relationship: _____

Address: _____ E-Mail: _____

Home phone: _____ Work phone: _____ Cell: _____

Applicant social security number: _____ Medicare number: _____

Supplemental insurance: _____

Primary physician: _____ Phone: _____

Other physicians: _____ Phone: _____

Medical diagnosis: _____

Does applicant have difficulty: (If yes, Explain)

Walking? _____ Talking? _____

Dressing? _____ Eating? _____

Hearing? _____ Seeing? _____ Remembering? _____

Allergies: _____ Diet: _____ Height: _____ Weight: _____

Is applicant active in any organization or social group? _____

Is there a religious preference? _____ If yes, parish: _____

Is applicant currently driving? _____ Does applicant smoke? _____

Bank Accounts: Savings Balance \$ _____ Checking Balance \$ _____ Stocks & Bonds/CD' \$ _____

Transfer of assets in last five years? Yes ___ No ___ If yes, please explain _____

Does applicant own real estate? Yes ___ No ___ Cash Value \$ _____ Prepaid Burial? Yes ___ No ___

Does applicant have life insurance? _____ Cash value \$ _____

Does applicant have Long Term Care insurance? _____

Applicant's monthly income: Social Security \$ _____

VA Benefits \$ _____

Rental Income \$ _____

Other \$ _____

Signature of Resident or Responsible Party

Date: _____

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