



# Application For Admission

Date Received:

In order for applicant to be placed on our waiting list, this form must be filled out completely and returned to the Director of Admissions. (The questions pertain solely to the applicant.)

Name of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_  Male  Female

Now residing at: \_\_\_\_\_

Accommodations desired:  Long term care  Assisted Living  Studio  1 Bedroom

#1 Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Relationship: \_\_\_\_\_

#2 Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Relationship: \_\_\_\_\_

Applicant's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Medicare #: \_\_\_\_\_

Medicaid #: \_\_\_\_\_ Medicare Part D #: \_\_\_\_\_

Name of Power of Attorney or Guardian: \_\_\_\_\_

Applicant's Medical Diagnosis: \_\_\_\_\_

Does the Applicant have concerns with:

- Walking?  Yes  No  Talking?  Yes  No
- Hearing?  Yes  No  Dressing?  Yes  No
- Remembering?  Yes  No  Is Applicant on a special diet?  Yes  No

Hospital Preference:  CMC  Elliot  Other \_\_\_\_\_

Does Applicant have a religious preference?  Yes  No

If yes, name of Parish/Synagogue: \_\_\_\_\_

Does Applicant have a funeral home preference?  Yes  No

If yes, name of Funeral Home: \_\_\_\_\_

Please Complete on Reverse Side



### Bank Accounts: (Savings & Checking - identify bank and balance)

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Stocks and Bonds - approximate value: \$ \_\_\_\_\_

Other Capital Assets - approximate value: \$ \_\_\_\_\_

Does Applicant own Life Insurance?  Yes  No If Yes, Cash Value \$ \_\_\_\_\_

Does Applicant own Real Estate?  Yes  No If Yes, Cash Value \$ \_\_\_\_\_

Is Applicant in Debt?  Yes  No If Yes, Amount \$ \_\_\_\_\_

### Applicants Monthly Income

Social Security: \$ \_\_\_\_\_

VA Benefits: \$ \_\_\_\_\_

Rental Income: \$ \_\_\_\_\_

Other Income: \$ \_\_\_\_\_

(Sources) \_\_\_\_\_

\_\_\_\_\_

**To the best of my knowledge, I declare that all the statements above are true.**

\_\_\_\_\_

Applicant or Representative Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

\_\_\_\_\_

Date