

## APPLICATION FOR ADMISSION

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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: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Now Residing At: \_\_\_\_\_

Accommodations Desired:  Private  Semi-Private

Name of Responsible Party or Next of Kin: \_\_\_\_\_

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

Home Phone No.: \_\_\_\_\_ Work No.: \_\_\_\_\_

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

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

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

Social Security No.: \_\_\_\_\_ Medicare No.: \_\_\_\_\_

Medicaid No.: \_\_\_\_\_ Other Insurance No.: \_\_\_\_\_

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

Does the Applicant have problems with: (if yes, explain)

- Walking? \_\_\_\_\_
- Talking? \_\_\_\_\_
- Hearing? \_\_\_\_\_
- Remembering? \_\_\_\_\_
- Dressing? \_\_\_\_\_

Is Applicant active in any organization or social group? (if yes, explain): \_\_\_\_\_

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Is Applicant currently able to drive?  Yes  No

Is Applicant on a special diet?  Yes  No

Would Applicant desire any of the following special services? (There is a fee for these services.)

- Cable TV
- Personal Telephone
- Beautician or Barber Services

Does Applicant have a religious preference?  Yes  No

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

Has Applicant made burial arrangements?  Yes  No

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

# CONFIDENTIAL

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

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

Stocks & 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