

## Assisted Living Residences

## **APPLICATION FORM**

Date:			
Name of Applicant:			
Present Address:			
City	State	Zip	
Telephone Number: ()			
Date of Birth:	Place of Birth:		
Religious Preference (Optional):			
Marital Status:	Social Security No.:		
Medicare Number:			
Other Insurance Name and Number:			
Policy Holder:			
Address:			
Name, Address and Telephone of Next	of Kin:		
Do you have someone who acts on you please state their name, address, teleph	0 0	mittee or power of att	corney? If so
What are your current living arranger	ments? With whom, if anyone, a	re you living?	

## **Application Form** Have your been admitted to health care facility (i.e., hospital, nursing home, etc) within the past year? If so, give the name and address of the facility and dates of stay: Name, address and telephone number of personal physician: Name **Telephone Number Address** Please list medications you are currently taking: Please list conditions / diagnosis (es) for which you are being treated: Please list all food and medicine allergies: I hereby certify that, to the best of my knowledge, the statements made in this application are true.

**Signed** 

Dated

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