



APPLICATION

Name \_\_\_\_\_ Age \_\_\_\_\_  
Present Address \_\_\_\_\_ DOB \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Birth Place: City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Country \_\_\_\_\_  
Prominent Language spoken \_\_\_\_\_  
Other Languages \_\_\_\_\_  
Occupation \_\_\_\_\_  
Religion \_\_\_\_\_ Church/Synagogue \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Address \_\_\_\_\_  
Medicare Number \_\_\_\_\_ Pastor/Rabbi \_\_\_\_\_

Hobbies/Interests \_\_\_\_\_  
\_\_\_\_\_

Clubs/Organizations \_\_\_\_\_  
\_\_\_\_\_

Nearest Relative:

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone# \_\_\_\_\_

POA Y/N Information

\_\_\_\_\_

Physician Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone# \_\_\_\_\_  
LastSeen \_\_\_\_\_

Last Hospitalized \_\_\_\_\_

For \_\_\_\_\_

Where \_\_\_\_\_

(List All) Diagnosis \_\_\_\_\_

Do you smoke? Y N  
Use of cane/walker Y N  
Hearing Aides L R B  
Glasses Y N  
Dentures/Partial Plate Y N  
Any other equipment needed Y N Explain \_\_\_\_\_

**Diet**

Do you understand and adhere and direct your diet? \_\_\_\_\_  
Finger Foods? \_\_\_\_\_  
Any Restrictions/Allergies? \_\_\_\_\_

Present Pharmacy Used \_\_\_\_\_

**Financial Information**

Social Security # \_\_\_\_\_ Any work income \_\_\_\_\_  
Pensions \_\_\_\_\_ VA \_\_\_\_\_  
Other Income Amount \_\_\_\_\_ From \_\_\_\_\_

Include: annuities, securities, investments, dividends, etc.

**Real Estate**

Own Property \_\_\_\_\_  
Address \_\_\_\_\_  
Assessed Value \_\_\_\_\_  
Is it on the market \_\_\_\_\_  
Realtor \_\_\_\_\_  
Is it transferred \_\_\_\_\_ To whom \_\_\_\_\_ Date \_\_\_\_\_

**Long Term Insurance Y N**

With whom \_\_\_\_\_

Life Insurance Policy(s)

With whom \_\_\_\_\_

Face value \_\_\_\_\_

Dividends \_\_\_\_\_

Name of any third party contributor who will guarantee agreed rate \_\_\_\_\_

Signature of third party contributor \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

I verify that all of the above information provided is accurate and current. I will supply any verification of such information as may be required, and upon entrance, updated verification or information as required.

Signature \_\_\_\_\_ POA or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

I give permission for \_\_\_\_\_ to consume alcoholic beverages with the following restrictions:

1. \_\_\_\_\_ sociably as resident judges

2. \_\_\_\_\_ Other explain \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

3. \_\_\_\_\_ I do not give permission for \_\_\_\_\_ to consume ETOH beverages.

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

