

Application for Admissions



*(The information provided in this application will be held in strict confidence.
Please answer questions as completely and accurately as possible)*

Level of Care:

- Villa Cottage Congregate Living Assisted Living Nursing

About yourself:

Name _____ Telephone _____
Address _____ Social Security # _____
City, State, Zip _____ Medicare ID# _____
Medicare Supplement _____ Policy # _____
Occupation _____ Age _____ Birth Date _____ Birth Place _____
Marital Status _____ Spouse's Name _____ Widowed, how long _____
Fathers Name _____ Mothers Maiden Name _____
Home Church _____ Phone # _____
Address _____

Family and Friends:

1. Name _____ Address _____
Phone 1 _____ Phone 2 _____ E-mail _____
2. Name _____ Address _____
Phone 1 _____ Phone 2 _____ E-mail _____
3. Name _____ Address _____
Phone 1 _____ Phone 2 _____ E-mail _____

Your Health:

Current Medical Conditions:

Primary Physician _____ Phone # _____

Address _____

Financial Information: (please check all that apply)

Pension Monthly Amount _____

Social Security Monthly Amount _____

Savings Account Amount _____ Monthly Interest _____

Certificate of Deposit Amount _____ Monthly Interest _____

Other Income (source and amount) _____

Long Term Care Insurance Policy Daily Benefit _____

Do you own a home? Yes No Do you plan to sell? Yes No

Value of home _____

Important Documents:

Do you have:

A Will? Yes No Executor Name _____

Power of Attorney? Yes No Name _____

Health Care Surrogate? Yes No Name _____

Living Will? Yes No Name _____

Signature of Applicant _____ Date _____