
Application for Admission

Last Name: _____ First Name: _____ Middle: _____

Prefers to be Called: _____ Gender: Male / Female

Age: _____ Date of Birth: _____ Birthplace: _____

Present Address: _____

Phone: (_____) _____ Currently can be reached at: (_____) _____

Marital Status: _____ Spouse's Name: _____

Spouse's Address (if different): _____

Spouse's Phone: (_____) _____ Cell Phone: (_____) _____

Contact Person for Placement/Relationship: _____

Contact's Address: _____

Contact's Phone: (_____) _____ Cell Phone: (_____) _____

Has this person ever been required to register as a predatory offender in this or any other state? Yes / No

Does this person have a history of physical/verbal assault? Yes / No

Other Safety or Behavior Issues: _____

Anticipated Payment Source: ___Private ___Medicare ___Medical Assistance

___Veterans Services ___Long Term Care Insurance ___ **Other:** _____

Upon admission, the resident must provide copies of all legal documents and insurance cards.

Social Security #: _____ Medicare #: _____

Medical Assistance #: _____ County: _____

Insurance Company: _____

Policy/Group #: _____

I acknowledge that the above information is accurate. I understand that failure to provide information/ providing false information may result in termination of the admission process.

Signature of applicant

Date

Person completing form with applicant/Relationship

Date