

APPLICATION FOR ADMISSION

Date: _____

Mr./Mrs./Miss _____
Last First Middle Maiden

Address _____
Street City

County State Zip Code Age Sex

Telephone # _____ Date of Birth _____

HOME ADDRESS-if different from above _____
Place of Birth _____
State/Country

Telephone # _____

How long a citizen _____
How long in U.S. _____
Alien Registration # _____
Military Service _____

Marital Status: Single ___ Married ___
Widowed ___ Divorced ___ Separated ___

Previous Occupation _____

Name of Spouse _____
Address _____
Telephone # _____
If deceased, date of death _____

Employer _____
Retirement Date _____

Recent Hospital Stays
Hospital _____
Date admitted _____
Primary Diagnosis _____
Recent Skilled Nursing Stays -- within the last year
Name of Facility _____
Date admitted _____
Date discharged _____

Social Security # _____
Medicare # _____

Insurance Information -- we will need a copy of all insurance cards upon admission
Insurance _____
Identification Number _____
Group # _____
Group Name _____
Plan _____

Ambulance Preference _____

Estimate Length of Stay
Short Term _____ Long Term _____
Undecided _____

Have you prepaid funeral arrangements?
Yes ___ No ___

Have you a Living Will or Advance Directive?
Yes ___ No ___

List children, relatives or friends in the order in which they are to be notified in an emergency.

Name/Relationship	Home Address	Home Telephone	Business Telephone	Cell phone
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Printed Name: _____ Signature _____
 Prospective Resident's Signature _____ Date _____
 Has anyone been assigned as legal representative of the applicant? Yes _____ No _____
 Power of Attorney/Legal Guardian _____
 Date of Appointment _____

EMERGENCY NUMBERS

Physician _____ phone _____
 Church _____ phone _____
 Clergy _____ phone _____

INCOME

Social Security \$ _____ per month
 Veteran's Pension \$ _____ per month
 D.P.W. \$ _____ per month
 D.P.W. Blind Pension \$ _____ per month
 Annuity \$ _____ per month
 Interest Income \$ _____ per month
 Other Income \$ _____ per month
 Misc. Income \$ _____ per month

OTHER PERTINENT FINANCIAL INFORMATION

Life Insurance \$ _____
 Name of Companies _____
 Stocks & Bonds _____
 (Approximate values) \$ _____
 Other Capital Assets \$ _____
 IRA/401k \$ _____
 Real Estate _____
 Identify Location _____
 Do you own your home? Yes ___ No _____
 Value of property: _____
 Does anyone else live in the home with you?
 Yes _____ No _____
 If so, who? _____

PERSONAL ASSETS

Checking Account \$ _____
 Savings Accounts \$ _____
 Certificates of deposit \$ _____

Have you transferred any real estate, personal property, money, stocks, bonds, mortgages, or anything else of value during the last five (5) years? Yes _____ No _____

If Yes:
 Name of person transferred to: _____
 Date of transfer: _____ Amount of transfer: _____

How did you hear about Holy Family Manor:

Friend / Relative _____ Church _____ Resident of Holy Family Manor _____ Internet _____ Newspaper _____
Other _____

I understand that any misrepresentation or omission of information on this application will disqualify me from consideration of possible admission to Holy Family Manor and will be cause for discharge if discovered after my admission.

I certify that the information contained within this application is true and accurate to the best of my knowledge.

Prospective Resident's Signature (if able): _____

Signature of person completing application: _____

Relationship to applicant: _____