

# APPLICATION FOR ASSISTED LIVING

DATE: \_\_\_\_\_

## GENERAL INFORMATION:

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip

Telephone: \_\_\_\_\_ S.S.#: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Marital Status: \_\_\_\_\_

## CHOICE OF SUITE STYLE:

G \_\_\_\_\_ G1 \_\_\_\_\_ H \_\_\_\_\_

## Power of Attorney—Health:

\_\_\_\_\_  
Name Street/City/State/Zip

\_\_\_\_\_  
Home Telephone Number Work Telephone Number Relationship

## Power of Attorney—Finance (Guarantor):

\_\_\_\_\_  
Name Street/City/State/Zip

\_\_\_\_\_  
Home Telephone Number Work Telephone Number Relationship

## Primary Physician:

\_\_\_\_\_  
Name Street/City/State/Zip

\_\_\_\_\_  
Telephone Number Fax Number

**Other Physicians:**

**Specialist:**

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Name	Telephone Number
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**Psychiatrist:**

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Name	Telephone Number
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**Eye Doctor:**

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Name	Telephone Number
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**Dentist:**

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Name	Telephone Number
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**Podiatrist:**

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Name	Telephone Number
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**Hospital Preference:** \_\_\_\_\_

**Funeral Home Preference:** \_\_\_\_\_

**Emergency Contacts:**

**#1)** \_\_\_\_\_

Name	Street/City/State/Zip	
Home Telephone Number	Work Telephone Number	Relationship

**#2)** \_\_\_\_\_

Name	Street/City/State/Zip	
Home Telephone Number	Work Telephone Number	Relationship

**#3)** \_\_\_\_\_

Name	Street/City/State/Zip
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Home Telephone Number

Work Telephone Number

Relationship

**HEALTH INSURANCE INFORMATION**

***CONFIDENTIAL***

**Health Insurance**

Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Group Number \_\_\_\_\_

**Supplemental Insurance**

Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Group Number \_\_\_\_\_  
Description/Coverage Terms \_\_\_\_\_

**Medicare**

Part A Yes\_\_\_\_ No\_\_\_\_ Number \_\_\_\_\_  
Part B Yes\_\_\_\_ No\_\_\_\_ Number \_\_\_\_\_

**Long Term Care Insurance**

Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Description/Coverage Terms \_\_\_\_\_

**FINANCIAL INFORMATION**

**CONFIDENTIAL**

Do you rent \_\_\_\_\_ Own your home \_\_\_\_\_ Approximate Value \$ \_\_\_\_\_

**FIXED MONTHLY INCOME:**

Social Security	\$ _____
Private Pensions/Retirement Plans	\$ _____
Disability Plans	\$ _____
Veterans Benefits	\$ _____
Annuities or Trust Funds	\$ _____
Supplemental Security Income (SSI)	\$ _____
<b>TOTAL (A)</b>	<b>\$ _____</b>

**MONTHLY INCOME FROM OTHER SOURCES:**

Savings Accounts	\$ _____
CD Earnings	\$ _____
Dividends from Stocks, Bonds, Securities and Other Sources	\$ _____
Other: _____	\$ _____
<b>TOTAL (B)</b>	<b>\$ _____</b>

**TOTAL ALL MONTHLY INCOME (A+B) \$ \_\_\_\_\_**

**LIABILITES:**

Mortgage (Describe: \_\_\_\_\_ ) \$ \_\_\_\_\_

Personal Loans (Describe: \_\_\_\_\_ ) \$ \_\_\_\_\_

Uninsured Health Costs (Describe: \_\_\_\_\_ ) \$ \_\_\_\_\_

Other Obligations (Describe: \_\_\_\_\_ ) \$ \_\_\_\_\_

Back Taxes \$ \_\_\_\_\_

**TOTAL LIABILITIES \$ \_\_\_\_\_**

**FINANCIAL INFORMATION CONT.**

**CONFIDENTIAL**

**ASSETS:**

Stocks and Bonds \$ \_\_\_\_\_

Description: \_\_\_\_\_

Who Owns (If joint, identify co-owner): \_\_\_\_\_

Checking Account \$ \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Interest Bearing?    Yes \_\_\_\_\_    No \_\_\_\_\_

Who Owns (If joint, identify co-owner): \_\_\_\_\_

Savings Account \$ \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Interest Bearing?    Yes \_\_\_\_\_    No \_\_\_\_\_

Who Owns (If joint, identify co-owner): \_\_\_\_\_

Real Estate (including home) \$ \_\_\_\_\_

Description: \_\_\_\_\_

Who Owns (If joint, identify co-owner): \_\_\_\_\_

Other \$ \_\_\_\_\_

Description: \_\_\_\_\_

Who Owns (If joint, identify co-owner): \_\_\_\_\_

**TOTAL ASSETS**    \$ \_\_\_\_\_

TOTAL ASSETS    \$ \_\_\_\_\_

TOTAL LIABILITIES    — (\$ \_\_\_\_\_)

**NET WORTH**    \$ \_\_\_\_\_

## ACKNOWLEDGEMENT AND REPRESENTATIONS

By completing and submitting this application, I represent and warrant that I can and will maintain myself in a manner that does not threaten the health, safety or welfare of myself or others and will not result in physical damage to property. I understand that an assessment must be completed prior to occupancy, to determine whether I meet the admission requirements. I represent and warrant that the information provided in this application is true and correct to the best of my knowledge. I understand that Harwood Place will treat this information confidentially and will be relying upon it for purposes of evaluating my eligibility for residency, and may terminate any and all agreements with me, if I provide false or misleading information. I further give Harwood Place permission to verify the information I have provided and will provide additional information as reasonably requested. I also understand that I may be required to provide updated information from time to time and agree to do so upon request. I believe that I have adequate resources to meet my financial responsibilities, including those that will attach if I am accepted to Harwood Place.

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Signature of Applicant

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Date

*A member of LutheranLiving Services*

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