



APPLICATION FOR RESIDENCY

The Cedars is a retirement community committed to providing
Comprehensive health and Wellness Services
Quality Living Options
A Compassionate Christian Environment

Full Name: _____
 First Middle Last

Address: _____
 Street City County State Zip

Phone Number (home): _____ **(cell):** _____

Date of Birth: _____ **Birth Place:** _____ **Gender:** Female Male

Marital Status:
 Single Married-Year _____ Widowed-Year _____ Divorced-Year _____

Name of Spouse: _____

Living Options: Independent Living Assisted Living AL Memory Support
 Health Care Respite

Responsible Party(s) (List in-order of contact priority)

#1 Name: _____
 Guardian, Conservator, Power of Attorney – Health Care, POA- Financial
_____ (Relationship)

Address: _____

Primary Phone Secondary Phone Email

#2 Name: _____
 Guardian, Conservator, Power of Attorney – Health Care, POA- Financial
_____ (Relationship)

Address: _____

Primary Phone Secondary Phone Email

Other Contacts: (List in order of contact priority)

Name	Address	Primary Phone
Relationship		Secondary Phone
Name	Address	Primary Phone
Relationship		Secondary Phone

(Please attach a list of other requested contacts)

Provider Information:

Primary Physician: _____ Phone: _____

Other current Physicians: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital: _____ Pharmacy: _____

Financial Information:

The following financial information will be used to facilitate our discussion with you regarding your housing options. This information will be used to assess if/when you may require assistance and how we may be able to assist you with this process. All information provided is confidential.

Social Security No.: _____

Medicare No.: _____ Part A Part B

HMO Insurance: _____ #

Supplemental Health Insurance: _____ #

Long-Term Care Insurance: _____ #

Medicaid No.: _____ Applied for Medicaid SSI No.: _____

Medicare Part D: _____ #

(At time of admission, a copy of all cards, responsible party documents, and advanced directives or living will is required.)

ASSETS:	
Band/Savings & Loan Deposits	
Checking	\$
Passbook or Time Deposit	\$
Savings Accounts	\$
Certificates of Deposit	\$
Stocks and Bonds	\$
Funds in Trust	\$
Real Estate	\$
Life Insurance (cash value)	\$
Other Assets (describe):	\$
LIABILITIES:	
Home Mortgage (remaining balance)	\$
Installment Payment (remaining balance)	\$
Other (describe):	\$
MONTHLY INCOME:	
Social Security	\$
Private Pension	\$
Annuities	\$
Life Estate	\$
Interest Income	\$
Trust Income	\$
Other (describe):	\$

Have you or your spouse:

Yes No - Sold, given away, changed ownership on any property in the last 5 years?

Yes No - Taken a loan against any property in the last 5 years?

Yes No - Ever consented to a will or nuptial agreement?

I have read and understand the accompanying information and rate sheets and understand the care levels and rates may change secondary to state required assessments.

Date: _____ Signature: _____

Signature of Responsible Party: _____