

1st EMERGENCY CONTACT

Name: _____
Relationship: _____
Address: _____
Home Phone: _____
Work Phone: _____

2ND EMERGENCY CONTACT

Name: _____
Relationship: _____
Address: _____
Home Phone: _____
Work Phone: _____

3rd EMERGENCY CONTACT

Name: _____
Relationship: _____
Address: _____
Home Phone: _____
Work Phone: _____

4th EMERGENCY CONTACT

Name: _____
Relationship: _____
Address: _____
Home Phone: _____
Work Phone: _____

PHYSICIAN: _____
Address: _____
Phone #: _____

PHARMACY: _____
Address: _____
Phone #: _____

DENTIST: _____
Address: _____
Phone #: _____

FUNERAL HOME: _____
Address: _____
Phone #: _____

Diet: _____ Supplements _____

Allergies: _____

Diagnosis: _____

Hospital Preference: _____

Mentally Alert Slightly Forgetful Confused Feeds Self Needs Assistance

Continent: Bowel Bladder Incontinent: Bowel Bladder

Cane Walker Wheelchair Glasses Hearing Aid Other



Confidential Financial Information

Copies of All Supporting Documents Are Required

Applicant's Name _____ Social Security # _____ Birth Date _____
 Address _____ City _____ State _____ Zip Code _____
 Second Person _____ Social Security# _____ Birth Date _____
 Relationship _____

FINANCIAL DATA

Assets:
 1. Residence \$ _____
 2. Checking \$ _____
 3. Savings & CD's \$ _____
 4. Stocks & Bonds \$ _____
 5. Other Real Estate \$ _____
 6. Other _____ \$ _____
 7. Other _____ \$ _____
Combined Assets \$ _____
Liabilities
 Mortgage \$ _____
 Other Debts \$ _____
 Notes on items 1-12: _____

MONTHLY INCOME

	Applicant:	Second Person:
8. Social Security	\$ _____	\$ _____
9. Pension & Retirement*	\$ _____	\$ _____
10. Annuities	\$ _____	\$ _____
11. Dividends & Interest	\$ _____	\$ _____
12. Other	\$ _____	\$ _____
TOTAL COMBINED MONTHLY	\$ _____	

*what occurs at death of spouse (if applicable)?
 noisP ↑ ceases ↑ Pension reduces _____% ↑ No change
 *Does the pension amount increase with inflation? If so, describe

Person to contact if we cannot reach you: _____ Relationship: _____
 Address: _____ Telephone Number: _____

I HEREBY DECLARE THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND COMPLETE ACCORDING TO MY BEST KNOWLEDGE AND BELIEF. IN WITNESS WHEREOF I HAVE SET MY HAND TO THIS APPLICATION THIS

_____ DAY OF _____ 20_____.

 Witness

 Witness

 Applicant

 Applicant