

Please complete all information and return to us as soon as possible. There are no financial obligations made as a result of filling out this application.

PERSONAL DATA

Name: _____ Gender: _____ DOB: _____

Current Address: _____ Phone: _____

Place of Birth: _____ Education Level: _____

Former Occupation: _____ Social Security Number: _____

US Citizen: _____ Marital Status: _____

Religious Affiliation: _____ Veteran/Spouse of a Veteran: _____

Resident Representative: _____ Phone: _____

Relationship of Resident Representative: _____

Address: _____ Email Address: _____

Please Circle if the Applicant has any of the following: POA HCP DNR Living Will MOLST

The Admissions Department will need copies of these documents prior to admission

Will the Applicant be utilizing the furniture provided by Heather Heights? _____

Has the Applicant ever been convicted of a felony or a sexual offense? If yes, please explain _____

MEDICAL DATA

Primary Care Physician: _____ Phone: _____

Address: _____

1st Hospital Preference _____ 2nd Preference _____

Health Insurance Carrier: _____ Policy Number: _____

Medicare Number: _____ Effective Date: _____

Medicaid Number: _____ Effective Date: _____

Case Number: _____ County: _____

Other Medical Insurance: _____

Prescription Card Number: _____

Will the applicant be using Heather Heights' contracted Pharmacy? _____ Y _____ N

FINANCIAL INFORMATION

All information is treated as highly confidential. Please only list the applicant's resources.

Social Security: \$ _____

Pension (Source & Amount): \$ _____

Annuities, Dividends, Interests: \$ _____

Total Monthly Income : _____

Real Estate (If owned individually, joint names, or as tenants in common, please indicate):

Address: _____

Owner of Property: _____

Value of Property: _____

Bank Accounts:

Name of Bank(s):	Current Balance:

Stocks & Bonds:

Issuer Name:	Owner:	Number of Shares:	Value:

Long Term Care Insurance:

Company:	Owner:	Benefit:

By signing this application, I agree that all of the above information is accurate. Providing inaccurate information shall result in denial of admission to Heather Heights.

Resident: _____ Date: _____

Resident's Representative: _____ Date: _____

Reviewed By: _____ Date: _____