HEATHER HEIGHTS
SENIOR LIVING

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:** _____

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