

Application for Residency



Insurance Information

Please provide all insurance cards and information during the pre-admission process, so that they can be copied and placed in the resident's file.

Application for Residency

Section One: Personal Information

Name: _____

Address: _____

Phone Number: _____ Social Security Number: _____

Date of Birth: _____ Gender: _____

Marital Status: _____

Name of Spouse/Partner: _____

Do you have a living will? _____

Name(s), Address, and Phone Number of Living Children:

Religious Affiliation: _____

Name of Home Church: _____

Address: _____

Name of Priest/Pastor: _____

Responsible Party: _____

Address: _____

Phone Number(s): Home: _____ Cell: _____ Work: _____

Emergency Contact 1: _____ Relationship: _____

Address: _____

Phone Number(s): Home: _____ Cell: _____ Work: _____

Emergency Contact 2: _____ Relationship: _____

Address: _____

Phone Number(s): Home: _____ Cell: _____ Work: _____

Emergency Contact 3: _____ Relationship: _____

Address: _____

Phone Number(s): Home: _____ Cell: _____ Work: _____

Additional Information: _____

Section Two: Medical Information

Name of Physician(s): _____

Address: _____

Phone Number(s): _____

Do you have a history of the following?

	Yes	No		Yes	No
Allergies (food, dust, insects, etc.	___	___	Hepatitis	___	___
Allergies (medication)	___	___	HIV/AIDS	___	___
Arthritis	___	___	Hernia	___	___
Asthma	___	___	High/Low Blood Pressure	___	___
Blurred Vision	___	___	Hyper/Hypothyroidism	___	___
Bronchitis	___	___	Joint Problems	___	___
Cancer	___	___	Kidney Problems	___	___
Dementia	___	___	Major Surgery	___	___
Dentures	___	___	Nausea/Vomiting	___	___
Depression/Mental Illness	___	___	Pacemaker	___	___
Diabetes	___	___	Pain	___	___
Dizziness/Fainting	___	___	Respiratory Problems	___	___
Eyeglasses/Contacts	___	___	Seizures	___	___
Headaches/Migraines	___	___	Stomach Problems	___	___
Heart Problems	___	___	Tuberculosis	___	___
Difficulty Hearing	___	___			

Please explain any "Yes" responses: _____

Current Prescription Medications: _____

Current Over-the-Counter Medications: _____

Current Herbal Supplements: _____

Section 3: Health Insurance Information

Name of Provider: _____
Address: _____
Phone Number _____ Policy Number: _____
Prescription Coverage?: Yes _____ No _____ Medicare?: Yes _____ No _____
Other Insurances: _____

Section 4: Financial Information

Name: _____ Date: _____

Income (from all sources, including but not limited to the following):

	Duration	Amount	Yearly Total
Social Security:	_____	_____	_____
Pension:	_____	_____	_____
Annuity:	_____	_____	_____
Trust:	_____	_____	_____
Rental:	_____	_____	_____
Dividends:	_____	_____	_____
Interest:	_____	_____	_____
Bonds:	_____	_____	_____
Stocks:	_____	_____	_____
Certificates of Deposit:	_____	_____	_____
Other Equities:	_____	_____	_____
Mutual Funds:	_____	_____	_____
Other:	_____	_____	_____

Assets

Bank Name: _____
Type of Account: _____ Account Number: _____ Balance: _____
Bank Name: _____
Type of Account: _____ Account Number: _____ Balance: _____
Bank Name: _____
Type of Account: _____ Account Number: _____ Balance: _____

Stocks and Bonds: _____
Real Estate: _____
Life Insurance Policy (where applicant is the insured or owner):
Company: _____ Policy Number: _____
Face Value: _____ Cash Value: _____
Company: _____ Policy Number: _____
Face Value: _____ Cash Value: _____
Other Assets/Sources of Income: _____

Debts (Mortgages or other obligations that may affect the income or assets):
_____ Amount: _____
_____ Amount: _____
_____ Amount: _____

Your Attorney: _____ Phone Number: _____
Address: _____

Signature: _____ **Date:** _____

***Application must be submitted with
MA-51, DME, and Communicable Disease Form,
each completed by a physician.**

All sections of this application must be completed.

All information provided will be kept confidential.
Confidentiality is a principle of ethics according to which board members
and staff of The Episcopal Home may not disclose information about a resident or application without
the resident or applicant's written consent.