

Holy Family Manor
Application for Admission

Date: _____

Mr./Mrs./Miss _____

Address _____

Street

City

County

State

Zip Code

Age

Sex

Telephone # _____ Date of Birth _____

Home Address - if different from above

Place of Birth _____

State / Country

How long a citizen _____

Telephone # _____

How long in U.S. _____

Marital Status: Single ___ Married ___

Alien Registration # _____

Widowed ___ Divorced ___ Seperated ___

Military Service _____

Name of Spouse _____

Previous Occupation: _____

Address _____

Employer _____

Telephone # _____

Retirement Date _____

If deceased, date of death _____

Social Security # _____

Medicare # _____

Recent Hospital Stays

Hospital _____

Insurance Information - we will need a copy of all insurance cards upon admission

Date admitted _____

Insurance _____

Diagnosis _____

Identification Number _____

Recent Skilled Nursing Stays - within the past year

Group # _____

Name of Facility _____

Group Name _____

Date admitted _____

Plan _____

Date Discharged _____

Ambulance Service _____

Estimated Length of Stay

Short Term _____ Long Term _____

Have you prepaid funeral arrangements?

Yes _____ No _____

Funeral Home Information

Name _____

Address _____

Phone # _____

Have you a Living Will or Advance Directive?

Yes _____ No _____

List children, relatives, or friends in the order in which they are to be notified in an emergency.

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Relationship	Name	Home Address	Home Telephone	Cell Phone	Work Phone
1.	_____				
2.	_____				
3.	_____				

BILLS ARE TO BE PAID BY:

Printed Name _____ Signature _____

Has anyone been assigned as legal representative of the applicant? Yes _____ No _____

Power of Attorney / Legal Guardian _____

Date of Appointment _____

EMERGENCY NUMBERS:

Physician _____

Church _____

Clergy _____

INCOME

Social Security \$ _____ per month
Veteran's Pension \$ _____ per month
D.P.W. \$ _____ per month
D.P.W. Blind Pension \$ _____ per month
Annuity \$ _____ per month
Interest Income \$ _____ per month
Other Income \$ _____ per month
Misc. Income \$ _____ per month

OTHER PERTINENT FINANCIAL INFORMATION

Life Insurance \$ _____
Name of Companies _____
Stocks & Bonds _____
Approximate Value \$ _____
Other Capital Assets \$ _____

PERSONAL ASSETS

Checking Account \$ _____
Savings Account \$ _____
Certificates of deposit \$ _____

REAL ESTATE

Identify Location _____
Do you own your home: Yes _____ No _____
Value of Property: _____
Does anyone live in the home with you:
Yes _____ No _____
If yes, who: _____

Have you transferred any real estate, personal property, money, stocks, bonds, mortgages, or anything else of value during the last five (5) years? Yes _____ No _____

If Yes:

Name of person transferred to: _____

Date of transfer: _____ Amount of transfer: _____

How did you hear about Holy Family Manor:

Friend / Relative _____ Church _____ Resident of Holy Family Manor _____ Internet _____

Newspaper _____ Other _____

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I understand that any misrepresentation or omission of information on this application will disqualify me from consideration of possible admission to Holy Family Manor and will be cause for discharge if discovered after my admission.

I certify that the information contained within this application is true and accurate to the best of my knowledge.

Prospective Resident's Signature (if able): _____

Signature of person completing application: _____

Relationship to applicant: _____