

NewAldaya Lifescapes

Bryhl Assisted Living

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 ASSISTED LIVING
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PERSONAL INFORMATION:

Applicant Name _____
(Last) (First) (Middle)

Address: _____
Street City State Zip

Email: _____ Phone Number: _____

Marital Status (Circle one): Single Married Widowed Divorced

Spouse Name _____
(Last) (First) (Middle)

Spouse Address : _____
*if different Street City State Zip

Spouse Email: _____ Spouse Phone Number: _____

Have you been living on your own or with assistance? _____

Social Security # _____
 Medicare # _____ Medicaid # (if applicable) _____

Spouse Social Security # _____
 Spouse Medicare # _____ Spouse Medicaid # (if applicable) _____

Birth Date _____ Birth Place _____
 Spouse Birth Date _____ Spouse Birth Place _____

Previous Occupation _____ Spouse Previous Occupation _____

Who should be notified when there is an opening? _____
 Phone Number: Home _____ Work _____ Cell _____

Who should receive monthly bills? _____
 Address _____

Financial Power of Attorney (Name) _____

Durable Power of Attorney for Health Care (Name) _____

Do you have a Living Will? Yes No

Are you a registered sex offender? Yes No

EMERGENCY CONTACTS (Hospitalization or illness):

NAME	RELATIONSHIP	ADDRESS	HOME/CELL PHONE	E-MAIL

PHYSICIANS:

PRIMARY PHYSICIAN

NAME	
ADDRESS	
PHONE	

DENTIST

NAME	
ADDRESS	
PHONE	

EYE DOCTOR

OTHER MEDICAL SPECIALIST

NAME _____
 ADDRESS _____
 PHONE _____

NAME _____
 ADDRESS _____
 PHONE _____

Hospital Preference _____

Current Pharmacy _____ Phone # _____

Funeral Home Preference _____

Have you ever been hospitalized or treated for the following?

Alcoholism: Yes No Drug Abuse: Yes No

Mental Illness: Yes No Alzheimer's Disease: Yes No

Do you understand NewAldaya is a smoke free campus? Yes No

INSURANCE:

Do you have Long Term Care Insurance? Yes No
 (If yes, please list Company name, address and policy #)

Do you have health insurance? Yes No
 (If yes, please list Company name, address and policy #)

Other Insurance _____ Phone # _____

FINANCES:

On what financial plan do you expect to enter Bryhl Assisted Living?

Private Pay Title XIX Applied for Title XIX

Monthly Income Amounts (Must be listed)

Social Security \$ _____ Pension \$ _____ Other Monthly Income \$ _____

Resources (Amounts must be listed)

Real Estate \$ _____ Location: _____ Leins against the property: _____

Checking \$ _____ Savings\$ _____

Bonds \$ _____ Stocks \$ _____

Certificates of Deposit \$: _____ Other Property \$ _____

Are the funds in your name only?(circle one) Yes No

(if not please list name and relationship as co-owner or co-signer ect.) _____

NewAldaya Lifescapes is open to people of all faiths, national origins, and racial backgrounds

I hereby certify that I have carefully studied this application and understood it in detail, and that I have answered correctly to the best of my knowledge and belief all the questions herein contained. Incomplete, fraudulent or untrue statements shall constitute sufficient reasons to reject an applicant, dismiss a member already received, and relieve NewAldaya Lifescapes of any obligation under this written contract with party concerned, even if the untrue or incomplete statements were furnished unintentionally.

IN WITNESS WHEREOF, I have hereto affixed my signature this _____ day of _____ 20__

 Signature of Applicant or Responsible Party