

NewAldaya Lifescapes Extended & Skilled Care

7511 UNIVERSITY AVE
CEDAR FALLS, IA 50613
319.268.0401 FAX 319.268.0040
INFO@NEWALDAYA.ORG

PERSONAL INFORMATION:

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

Address: _____

Spouse Address (if different): _____ City: _____ State: _____ Zip: _____

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

Social Security # _____

Medicare # _____ Medicaid # (if applicable) _____

Birth Date _____ Birth Place _____

Marital Status (Circle one): Single Married Widowed Divorced
Widowed/Former Spouse: Name _____ Address _____

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

Person(s) to Contact In Case of Emergence (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 _____

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 # _____

END OF LIFE PLANS

Funeral Home: _____ Phone: _____

FINANCES:

On what financial plan do you expect to enter NewAldaya Lifescapes?

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.) _____

Cash Value of Life Insurance Policy \$: _____

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 herto affixed my signature this _____ day of _____ 20__

Signature of Applicant or Responsible Party