NewAldaya Lifescapes
Independent Living

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THIS APPLICATION IS FOR: Sena Rownd·Glen Arbor·Glen Meadows Lofts·Park Ridge Patio Homes

PERSONAL INFORMATION:

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

Address: _____
Street City State Zip

Marital Status (Circle one): Single Married Widowed Divorced

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

Spouse Address : _____
*if different Street City State Zip

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	
NAME	
ADDRESS	
PHONE	

OTHER MEDICAL SPECIALIST	
NAME	
ADDRESS	
PHONE	

Hospital Preference _____

Current Pharmacy_____ Phone #_____

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 NewAldaya Independent 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: _____ Liens 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 etc.) _____

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