



Skilled Care
 Extended Care
 Memory Care House
 c/o Director of Admissions

Admission Application

PERSONAL INFORMATION:

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

Address: _____

Birth Date: _____ Birth Place: _____

Social Security #: _____ Phone Number: _____

Medicare #: _____ Medicaid # (if applicable): _____

Previous Occupation: _____

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

How did you hear about us? _____

Who should be notified when there is an opening? _____

Phone Number: Home: _____ Work: _____ Cell: _____

Email: _____

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

Are you a Veteran? _____ Branch of Military: _____ Dates of Service: _____

Marital Status (Check One): Single Married Widowed Divorced

SPOUSE INFORMATION:

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

Spouse Address *if different: _____

Spouse Birth Date: _____ Spouse Birth Place: _____

Spouse Email: _____ Spouse Phone Number: _____

Previous Occupation: _____ Are you a Veteran? _____

EMERGENCY CONTACTS (Hospitalization or illness):

NAME	RELATIONSHIP	ADDRESS	HOME/CELL PHONE	EMAIL

PHYSICIANS:

	PRIMARY PHYSICIAN
Name	
Address	
Phone	

	DENTIST
Name	
Address	
Phone	

	EYE DOCTOR
Name	
Address	
Phone	

	OTHER MEDICAL SPECIALIST

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 the Company name, address and policy #)

Do you have health insurance? Yes No

(If yes, please list the 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

If planning to apply for Medicaid, have any assets been transferred in the last 5 years? Yes No

If so, how much and to whom?

Applicant Monthly Income (Amounts Must be Listed)

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

Spouse's 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 \$ _____ Current Debt/Loans \$ _____

Bonds \$ _____ Stocks \$ _____ Estimated Monthly Expenses \$ _____

Certificates of Deposits \$ _____ Other Property \$ _____

Are the funds in your name only? (Check One) Yes No

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

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 understand 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 _____