

Application for Entrance

DATE: _____

PERSONAL

Name _____

Street _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Date of Birth _____

Previous Occupation _____

Social Security Number _____

Email Address _____

Are you a Veteran: YES or NO

Branch Served _____

Marital Status:

Single Married Widowed Divorced

Spouse's Name _____

Cell Phone _____

Date of Birth _____

Anniversary Date _____

Previous Occupation _____

Social Security Number _____

Email Address _____

INTEREST: *(Please check all that apply)*

Independent Living Assisted Living Skilled Nursing Adult Day Services Respite Care

Alzheimer's/Memory Care Tax Credit Housing

EMERGENCY CONTACT INFORMATION

Name _____ Relationship to Resident _____

Street _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

CHILDREN *(please attach additional sheet if necessary)*

Name _____

Street _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Name _____

Street _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

REFERRAL SOURCE: *(Please check all that apply)*

Community Reputation Newspaper Direct Mail Website Seniors Guide Physician
 Friend or Relative Resident *If yes, whom?* _____ Other _____

ASSETS *(List fair market value of all assets)*

Real Estate \$ _____
 Other Real Estate \$ _____
 Balance of Checking / Savings \$ _____
 Money Markets / CDs \$ _____
 Stock & Bonds \$ _____
 Mutual Funds \$ _____
 Cash Value of Life Insurance \$ _____
 Other Investments \$ _____
Total Value of Assets \$ _____
Total Liabilities \$ _____
Net Worth \$ _____

MONTHLY INCOME *(List all monthly sources of income)*

	Resident	Spouse
Social Security	\$ _____	\$ _____
Pension / Retirement Income	\$ _____	\$ _____
Annuity	\$ _____	\$ _____
Investment Income / Dividends	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total Monthly Income	\$ _____	\$ _____
Annual Adjusted Gross Income	\$ _____	

I ATTEST THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE RECEIVED A COPY OF THE "NOTICE OF PRIVACY PRACTICES."

Applicant/POA _____ Date _____
 Co-Applicant _____ Date _____
 Executive Director _____ Date _____

St. Leonard Use ONLY

Independent Living _____ Assisted Living _____ Health & Rehabilitation Center _____
 Independent Living Unit Type _____ Status: Ready / Not Ready