



THE WESLEY COMMUNITY

WOODLAWN COMMONS

APPLICATION FOR ASSISTED LIVING

FOR OFFICE USE ONLY	ADMISSION DATE	ROOM NUMBER
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Deposit checks to be made payable to Woodlawn Commons in the amount of \$1,200.00.

Resident's Name _____

Current Address _____

Phone _____ Email Address _____

Date of Birth ____ / ____ / ____ (mo/day/yr) Social Security # _____

Religion _____ Gender Male Female

Marital Status Single Divorced Married Widowed Unknown

Woodlawn Commons is a non-smoking community.

ATTENDING PHYSICIAN

Name _____

Address _____

Office Number _____ Emergency Number _____

OTHER HEALTH/MENTAL HEALTH PROVIDER(S) *(i.e. optometrist, podiatrist, dentist)*

Name _____

Address _____

Office Number _____ Emergency Number _____

Name _____

Address _____

Office Number _____ Emergency Number _____

Name _____

Address _____

Office Number _____ Emergency Number _____

HOSPITAL OF CHOICE

Name _____

Address _____

HEALTH INSURANCE *Please attach copies of each card*

Medicare # _____ Medicaid # _____

Other (Specific) _____

Prescription Plan (Specific) _____

Long Term Care (Specific) _____

EMERGENCY CONTACT *If you are representing the resident as Health Care Proxy (HCP) or Power of Attorney (POA) please check box below.*

Name _____ Relationship _____
 Address _____
 Home Number _____ Work Number _____
 Email Address _____ HCP POA

OTHER FAMILY CONTACTS *If you are representing the resident as Health Care Proxy (HCP) or Power of Attorney (POA) please check box below.*

Name _____ Relationship _____
 Address _____
 Home Number _____ Work Number _____
 Email Address _____ HCP POA

Name _____ Relationship _____
 Address _____
 Home Number _____ Work Number _____
 Email Address _____ HCP POA

Name _____ Relationship _____
 Address _____
 Home Number _____ Work Number _____
 Email Address _____ HCP POA

BURIAL INSTRUCTIONS

FINANCIAL INFORMATION *All information is considered confidential*

Monthly Income		Assets Value	
Net Social Security	\$ _____	Checking Account(s)	\$ _____
Pension(s)	\$ _____	Savings Account(s)	\$ _____
Interest/Dividends	\$ _____	Certificates of Deposit	\$ _____
Annuity Income	\$ _____	Stocks	\$ _____
Trust Income	\$ _____	Property	\$ _____
Rental Property	\$ _____	Other	\$ _____
Other (Specify)	\$ _____	Other	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____

Have any assets (cash, property, real estate) been transferred in the past 60 months? Yes No

Has an estate trust been established? Yes No Is yes, when? _____

BY SIGNING BELOW: It is understood that all information given in this application is true and correct.

Resident _____ Date ____ / ____ / ____

Next of Kin _____ Date ____ / ____ / ____

Responsible Party (if any) _____ Date ____ / ____ / ____