



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: _____

Date of Birth: _____ (mo/day/yr) Social Security Number: _____

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, etc.)

Name: _____

Address: _____

Office Number: _____ Emergency Number: _____

Name: _____

Address: _____

Office Number: _____ Emergency Number: _____

Name: _____

Address: _____

Office Number: _____ Emergency Number: _____

Name: _____

Address: _____

Office Number: _____ Emergency Number: _____

HEALTH INSURANCE: *Please attach copies of each card.*

Medicare#: _____ Medicaid #: _____

Other (Specify): _____

Prescription Plan (Specify): _____

Long Term Care (Specify): _____

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 Phone: _____ Cell Phone: _____ Work Phone: _____

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 Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ HCP POA

Name: _____ Relationship: _____

Address: _____

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

Email Address: _____ HCP POA

HOSPITAL CHOICE:

Name: _____

Address: _____

BURIAL INSTRUCTIONS:

FINANCIAL INFORMATION: *All Information is considered confidential.*

	Monthly Income		Asset 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 If So, when? _____

Responsible Financial Party: Resident Yes No If No, Name: _____

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: _____ / _____ / _____