

Mail statement to: _____

Address _____

City _____ State _____ Zip _____

Move in Date _____ Apartment _____ Phone _____

EMERGENCY INFORMATION

In care of emergency notify:

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home No. _____ Work No. _____ Cell No. _____

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home No. _____ Work No. _____ Cell No. _____

Please list any additional contacts on a separate page.

Medicare# _____

Supplemental Insurance _____ Policy# _____

Long Term Care Insurance Co. _____ Does it cover Assisted Living? _____

Policy# _____ Elimination Period _____

Please list the names of your appointed persons that you would like us to notify if needed:

Power of Attorney _____ Phone _____

Health Care Representative _____ Phone _____

Trust Officer _____ Phone _____

Do you have a Living Will? _____

**Please provide copies of: Social Security Card/Living Will/Health Care Representative/Medicare Card
Power of Attorney/Supplemental Insurance Cards**

Additional pertinent information you wish listed on your records:



The Village
AT HOLIDAY HEALTHCARE

RESIDENCY APPLICATION

The Admission Review Committee
Holds all information in confidence.

TO BE COMPLETED BY HOLIDAY VILLAGE

I, Date _____ Studio _____ 1BR _____ 2 BR _____

F. Info _____

TO BE COMPLETED BY RESIDENT

Full Name: _____ Prefers to be called: _____

Address: _____

Telephone: _____ Social Security Number: _____

Date of Birth: Month _____ Day _____ Year _____

Place of Birth: City _____ State (County) _____

Marital Status: Married _____ Spouse's Name _____ Anniversary Date _____

Veteran ___ Branch ___ Divorced ___ Single ___ Widowed ___ Smoker: Yes ___ No ___ Pet(s) ___ Yes ___ No ___

FAMILY/FRIEND INFORMATION

Name Relationship Address City State Tel. No. Cell No.

(If additional space is needed please attach a separate sheet)

