

Application

General Information

Name _____ Date ____ / ____ / ____

Address _____ City _____

State _____ Zip Code _____ Phone (____) ____ - ____

Birth date ____ / ____ / ____ Age _____ Race _____ Sex: Male ____ Female ____

Hair Color _____ Eye Color _____ Distinguishing Marks _____

How did you hear about The Meadows? _____

Hospital preference _____

(in the event of an emergency, paramedics may choose to take you to the closest hospital)

Marital Status _____ If Married, name of spouse _____

Previous Occupation _____ Date Retired ____ / ____ / ____

Social Security Number _____ - _____ - _____ Medicare Number _____

Medicare Supplement Co. _____ Supplement No. _____

Prescription Coverage Policy No. _____ Effective Date ____ / ____ / ____

Physician's Name _____ Phone (____) ____ - ____

Dentist's Name _____ Phone (____) ____ - ____

Podiatrist's Name _____ Phone (____) ____ - ____

Ophthalmologist's Name _____ Phone (____) ____ - ____

Specialist's Name (ex-Cardiologist) _____

Specialty _____ Phone (____) ____ - ____

Any Known Allergies _____

Religious Preference _____ Church _____

Clergy Person _____ Phone (____) ____ - ____

Financial Information

Current Monthly Income

Social Security \$ _____ Pension \$ _____ Annuity \$ _____

Are you or your spouse a veteran? _____ Veterans \$ _____

Veterans Name _____ Branch _____ Yrs of Service _____

Dividend/Interest \$ _____ Long-Term Care Insurance \$ _____

Other Income \$ _____

Application

Assets Please check each box if account is "Joint".

Checking \$ _____ Savings \$ _____ Stocks/Bonds \$ _____

Real Estate Value \$ _____ Other Assets \$ _____

Name of Bank _____

Is anyone legally authorized to handle financial matters? Yes _____ No _____

If Yes, Name _____ Relation _____

Address _____ City _____

State _____ Zip Code _____ Phone (_____) _____ - _____

Is anyone legally authorized to handle healthcare matters? Yes _____ No _____

If Yes, Name _____ Relation _____

Address _____ City _____

State _____ Zip Code _____ Phone (_____) _____ - _____

If accepted, where should bills be sent?

Name _____ Relation _____

Address _____ City _____

State _____ Zip Code _____ Phone (_____) _____ - _____

Emergency and Contact Information

In case of an emergency, the first contact will be notified. Other contacts will be called if first contact cannot be reached.

Name _____ Relation _____

Address _____ City _____

State _____ Zip Code _____

Contact Phone (_____) _____ - _____ PM Phone (_____) _____ - _____

Cell Phone (_____) _____ - _____ Email _____

Name _____ Relation _____

Address _____ City _____

State _____ Zip Code _____

Contact Phone (_____) _____ - _____ PM Phone (_____) _____ - _____

Cell Phone (_____) _____ - _____ Email _____

Application

Emergency and Contact Information *(continued)*

Name _____ Relation _____

Address _____ City _____

State _____ Zip Code _____

Contact Phone (_____) _____ - _____ PM Phone (_____) _____ - _____

Cell Phone (_____) _____ - _____ Email _____

Name _____ Relation _____

Address _____ City _____

State _____ Zip Code _____

Contact Phone (_____) _____ - _____ PM Phone (_____) _____ - _____

Cell Phone (_____) _____ - _____ Email _____

Name _____ Relation _____

Address _____ City _____

State _____ Zip Code _____

Contact Phone (_____) _____ - _____ PM Phone (_____) _____ - _____

Cell Phone (_____) _____ - _____ Email _____

Please complete the following statement:

My finances are sufficient to cover _____ months at The Meadows, including at least \$85 per month above the cost of living at The Meadows. I agree to notify the facility promptly of any changes that affect this statement. I do not need The Meadows to handle my finances, including money for personal expenses.

Life Insurance

Company _____ Policy _____ Amount \$ _____

Company _____ Policy _____ Amount \$ _____

Burial Information

Responsible Person _____ Phone (_____) _____ - _____

Funeral Home _____ Phone (_____) _____ - _____

Cemetery _____ Phone (_____) _____ - _____

Applicant's Signature _____ Date ____/____/____

For Office Use Only

Approved by _____ Date ____/____/____



To learn more, please call (570) 433-4663 or visit
TheParkHomeMeadows.org