



Please email completed application to dlogsdon@saintsimeons.org

If you have any questions regarding Admissions, please call Donna Logsdon, Director of Admissions at (918) 794-1902.

Saint Simeon's

APPLICATION PERSONAL INFORMATION

SENIOR LIVING COMMUNITY

Application Received
For Office Use Only

For Office Use Only

PLACEMENT

- | | |
|--|--|
| <input type="checkbox"/> COTTAGE LIVING | <input type="checkbox"/> HEALTH CARE CENTER |
| <input type="checkbox"/> ASSISTED LIVING | <input type="checkbox"/> Private <input type="checkbox"/> Semi-Private |
| <input type="checkbox"/> Studio <input type="checkbox"/> Suite | <input type="checkbox"/> ALZHEIMER'S/MEMORY |
| <input type="checkbox"/> One Bedroom | <input type="checkbox"/> Private <input type="checkbox"/> Semi-Private |

Please indicate any of the following documents that have been completed and provide a copy.

- D.N.R. CONSENT
- ADVANCE DIRECTIVE FOR HEALTHCARE
- GUARDIANSHIP (Name) _____
- POWER OF ATTORNEY (Name) _____

PERSONAL INFORMATION

LAST NAME _____ FIRST _____ MIDDLE _____

SS# _____ MARITAL STATUS _____ SPOUSE'S NAME _____

HOME ADDRESS _____ CITY/ST _____ ZIP _____

TELEPHONE _____ DATE OF BIRTH _____ AGE _____ SEX _____

PREVIOUS OCCUPATION _____ EMPLOYER _____

HAVE ANY FAMILY MEMBERS RESIDED AT ST. SIMEON'S? Yes No

NAME _____ RELATIONSHIP _____

RELIGIOUS INFORMATION

RELIGIOUS AFFILIATION _____

NAME OF CHURCH, CLERGY _____ TELEPHONE _____

ADDRESS _____ CITY/ST _____ ZIP _____

NAME OF FUNERAL HOME _____ TELEPHONE _____

ADDRESS _____ CITY/ST _____ ZIP _____

IN CASE OF EMERGENCY (NEXT OF KIN)

FULL NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY/ST _____ ZIP _____

BUS. PHONE _____ HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

FULL NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY/ST _____ ZIP _____

BUS. PHONE _____ HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____