APPLICATION: PERSONAL INFORMATION

Application Received

PLACEMENT

☐ ASSISTED LIVING
- ☐ Studio ☐ Suite
- ☐ One Bedroom

☐ HEALTH CARE CENTER
- ☐ Private ☐ Semi-Private

☐ ALZHEIMER'S/MEMORY
- ☐ Private ☐ Semi-Private

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 ________

MEDICAL INFORMATION

DIAGNOSIS ________________________________

KNOWN ALLERGIES ________________________________

ATTENDING PHYSICIAN ________________ TELEPHONE ____________

ADDRESS ________________ CITY/ST ____________ ZIP ________

DENTIST ________________ TELEPHONE ____________

PHARMACY ________________ TELEPHONE ____________

HOSPITAL PREFERENCE ________________________________

EMSA TOTAL CARE ☐ Yes ☐ No

RESPONSIBLE PARTY

FULL NAME ____

ADDRESS ______________________________ CITY/ST _____________________ ZIP _________________

BUS. PHONE ___________________ HOME PHONE ____________________ CELL PHONE ___________________

EMAIL ADDRESS ____

INSURANCE INFORMATION

MEDICARE NAME (FROM CARD) ____

MEDICARE NUMBER ____

SECONDARY INSURANCE ____

POLICY NUMBER ______________________________ GROUP NUMBER ___________________________

WHO REFERRED YOU TO SAINT SIMEON'S?

NAME ____

ADDRESS ______________________________ CITY/ST _____________________ ZIP _________________

BUS. PHONE ___________________ HOME PHONE ____________________ CELL PHONE ___________________

PLEASE INDICATE HOW YOU HAVE HEARD ABOUT SAINT SIMEON'S (circle all that apply)

☐Physician ☐Hospital Personnel ☐Case Manager ☐Church

☐Website ☐Yellow Page Listing ☐Magazine Ad ☐Radio Ad

☐Friend ☐Life Senior Services ☐Newspaper ☐Relative of a Resident

☐Alzheimer's Association Other: ________________________________

I certify that this Application is made of my own free will and volition and that the information is correct to the best of my knowledge. I authorize and request that my attending physician, surgeon or other persons having direct, professional knowledge of my physical or mental health, past or present, provide to the staff of Saint Simeon's Episcopal Home any and all information relative to this Application.

____ ____________________

Applicant or Representative Date

____

Relationship

APPLICATION: FINANCIAL INFORMATION

NAME OF APPLICANT____
FINANCES ADMINISTERED BY _______________SELF____________________OTHER
NAME ____
ADDRESS ____
CITY/STATE/ZIP ____
PHONE ____________________________________E-MAIL ________________________

FINANCIAL INFORMATION AT ________________, 20___

ASSETS	**AMOUNT**	**LIABILITIES**	**AMOUNT**
CASH		PAYABLES:	
SAVINGS		BANK LOANS	
CERTIFICATES OF DEPOSIT		CREDIT CARD	
NOTES RECEIVABLE		NOTES PAYABLE	
STOCKS & BONDS		OTHER	
REAL ESTATE		MORTGAGE	
PERSONAL PROPERTY		OTHER LIABILITIES	
OTHER ASSETS			
TOTAL		**TOTAL**	
		TOTAL ASSETS LESS LIABILITIES (NET WORTH)	

MONTHLY INCOME	**AMOUNT**	**MONTHLY EXPENSES**	**AMOUNT**
PENSION		MORTGAGE	
SOCIAL SECURITY		LOANS/NOTES PAYABLE	
TRUST INCOME		CREDIT CARD	
DIVIDENDS		MEDICATIONS	
OTHER:		OTHER:	
TOTAL		**TOTAL**	
		TOTAL MONTHLY INCOME LESS MONTHLY EXPENSES	

Do you have long-term care insurance: ______YES _____NO
If yes, what is the coverage amount and term:

I, THE UNDERSIGNED, HEREBY CERTIFY AND DECLARE THAT THE ABOVE FINANCIAL INFORMATION IS TRUE, CURRENT AND ACCURATE AT THE DATE OF THIS APPLICATION. SHOULD ANY OF THE INFORMATION LISTED ABOVE CHANGE PRIOR TO ADMISSION TO SAINT SIMEON'S, I WILL IMMEDIATELY MAKE THAT INFORMATION AVAILABLE TO SAINT SIMEON'S.

APPLICANT OR
REPRESENTATIVE____

DATE_________________