

## Pre-Admission Application

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Last First MI Maiden

Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Gender:  Male  
 Female

Marital Status:  Single  Married  Widowed  Divorced

Living Will:  Yes  No

Power of Attorney:  Yes  No

Residential Living:  One BR  Two BR  Efficiency Apt.

Nursing Home Room Preference:  Private  Simi-Private

Pay source:  Private (Pull down)  
 Medicare  
 Medicaid  
 Long Term Care Ins.  
 Supplemental Insurance  
 HUD Assistance

Responsible Representative: \_\_\_\_\_  
Name & Relationship to Applicant

Address: \_\_\_\_\_  
Street City State Zip

Where did you hear of our facility?  Physician (Pull Down Menu)  
 Hospital  
 Church  
 Pharmacy  
 Family/Friend