

Section 1 ~ Personal/Contact Information (Continued)

Occupation & Employment

Lifetime Occupation: _____

Other Employment: _____

Spouse's Occupation: _____

Military Background

Branch: _____

Years of Service: _____

Religion

Church/Synagogue: _____

Contact Person: _____

Activities Involved in: _____

Organizations involved in (Interests/Hobbies - include both past & present):

Section 2 ~ Medical Information

General Health Information (List major health concerns): _____

Family Physician: _____

Dentist: _____

Podiatrist: _____

Optometrist: _____

Hospital Preference: _____

Emergency care number: _____

Insurance Coverage

Medicare Number: _____

Medicare Prescription Drug Plan: _____

Supplemental Insurance: _____

Supplemental Insurance Group Number: _____

PACE Card: Yes _____ No _____

Section 3 ~ Financial Information

Current Monthly Income

	<u>Self</u>	<u>Spouse</u>
Social Security (net)	_____ /Month	_____ /Month
Pension	_____ /Month	_____ /Month
VA Benefits	_____ /Month	_____ /Month
Guaranteed Annuities	_____ /Month	_____ /Month
Other Interest Income	_____ /Month	_____ /Month

Asset	Institution	Approximate Value	Self/Joint
Checking			
Savings			
401(k)			
CD's			
Stocks/Bonds			
Real Estate			
Life Insurance			
Other (please specify)			

Debts & Obligations

Balance	Self/Spouse/Joint

Assets disposed of in the last 3-5 years

Section 4 ~ Additional Information

Funeral Home _____

Pre-paid Funeral Arrangements Yes _____ No _____

Phone Number: _____

Date of Desired Entrance: _____ / _____ / _____

Accommodation Desired: Studio _____

1 Bedroom _____

2 Bedroom _____

Dementia Unit _____

Personal Care Services needed? _____

Additional Remarks: _____

WAIVER OF RIGHTS OF PRIVACY

I understand that with the processing of this application, it is necessary that information presented herein be made known to and verified by The Sarah A. Reed Retirement Center. Inquiries are hereby authorized and all rights of privacy herein are hereby waived by me for this purpose.

CERTIFICATION OF TRUTHFULNESS

According to the best of my knowledge, the information provided in this application is complete, accurate and true.

Signature of Applicant or Responsible Party

_____/_____/_____
Date