



APPLICATION FOR ADMISSION

Date: _____

House Location: _____

A. Personal Information:

Customer's Name: _____

Home Phone #: _____

Birth Date: _____ Age: _____ Place of Birth: _____

Home Address: _____

Marital Status: S W D Religion: _____ Church: _____

Previous Occupation: _____ Military Service: __ YES __ NO

Customer is now at: __ Home __ Hospital __ Nursing Home __ Other

Referred to Kris-Leigh Assisted Living, L.L.C. by: _____

Personal Physician: _____

Address: _____

Phone #: _____

Office

Fax

B. Financial Information:

1. Individual Responsible for Paying Bills

Name: _____ Relationship _____

Address: _____

Telephone: _____

Home

Work

2. Power of Attorney: Medical Financial General

Authorized Name: _____

Authorized Directives: __ Yes __ No

3. Customer's Financial Data:

Social Security Number: _____

Medicare Number: _____ Part A __ Part B

Medicare Supplemental Ins. _____

Other Insurance: _____ Policy Number: _____

Customer's Total Monthly Income: \$ _____

Social Security: \$ _____

Civil Service Retirement: \$ _____

Pension: \$ _____

Other: \$ _____

Other: \$ _____

4. Cash Assets in Banks, Credit Unions, Savings:

Bank Name: _____ Location: _____
Type of Account: _____ Balance: _____
Names Listed on Account: _____

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Type of Account: _____ Balance: _____
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5. Does Customer Own His/Her Home: ___ Yes ___ No

Approximate Value: \$ _____

Is Home Owned Jointly: ___ Yes ___ No

Name of Co-Owners: _____

6. Other Assets (Insurance Policies, Stocks, IRA's)

Company: _____ Approximate Value: \$ _____

Company: _____ Approximate Value: \$ _____

Company: _____ Approximate Value: \$ _____

C. MEDICAID INFORMATION:

1. Has Customer applied for the Medicaid Waiver: ___ Yes ___ No

If Yes, What is the Date: _____

Department of Social Services Representation: _____

Telephone #: _____

I hereby certify that to the best of my knowledge the above-stated information is true and complete. I understand that if any information has been falsely presented, this will be sufficient reason for voiding the Application for Admission.

**Kris-Leigh Assisted Living
Representative**

Date

Customer Signature

Guarantor Signature

Date