



CONFIDENTIAL DATA

SECTION

1

Personal Information

Applicant Name Age Birth Date Social Security Number

Applicant Name Age Birth Date Social Security Number

Address

Home Phone

Cell Phone

Marital Status: Married Single Widowed Divorced _____
Name of Spouse

Sex: Male Female Veteran Status: _____
Branch

SECTION

2

Contact Person (Other than Prospective Resident)

Contact Name Relationship to Applicant

Home Phone Work Phone Cell Phone
(Mark in the order of which number to call. Example: 1-cell; 2-home; 3-work)

Address

Health Insurance & Policy Numbers

SECTION

3

Long-Term Care Insurance: Yes No (If yes, please include a copy of coverage summary page.)

If Yes, Does it Cover Assisted Living: Yes No

Long-Term Care Insurance Policy Holder Policy Number

Waitlist Preferences:

1. _____ 2. _____ 3. _____



Effective 07-02-2024