

Eisenberg Assisted Living Residence

APPLICATION

Applicant Name: _____ Social Security No.: _____

Permanent Address: _____

Telephone: _____ Date of Birth: _____ Place of Birth: _____

What type of housing do you live in? Apt. _____ Single Family _____ Multi Family _____ Condo _____ Other _____

How long at this address? _____ Rent: _____ Own: _____ Current or former occupation: _____

Marital Status: Single _____ Married _____ Widowed _____ Divorced _____ Separated _____

Name of Spouse: _____ Social Security Number _____ DOB _____

How did you hear about Eisenberg? _____

Do you own an automobile? Yes _____ No _____ Do you intend to maintain a car? Yes _____ No _____

***Power of attorney:** Yes _____ No _____ If yes, please print

Name: _____ Address: _____ Telephone _____

***Health Care Proxy:** Yes _____ No _____ If yes, please print

Name: _____ Address: _____ Telephone _____

***Applicants have the right to have legal representation at any and/or all time.**

Person to contact in case of emergency:

#1. Name: _____ Relationship _____

Address: _____

Phone: _____ Work: _____ Cell: _____

Email _____

#2. Name: _____ Relationship _____

Address: _____

Phone: _____ Work: _____ Cell _____

Email: _____

RESIDENTIAL INFORMATION

Type of unit desired: Studio: _____ One Bedroom: _____ Two Bedroom: _____ Memory Care: _____

Eisenberg Assisted Living Residence contains special handicapped-accessible apartments.

Do you think you need one? Yes _____ No _____

Describe any special help you might need in assisted living: _____

How do you like to spend your time? _____

MEDICAL INFORMATION

Physician's Name: _____

Address: _____

Phone: _____ Fax _____

Hospital Affiliation: _____

Date of last physical exam: _____

Please give us a brief picture of your current health (illness, limitations, recent hospitalization, medications you take, etc.)

Do you have medical insurance? Yes _____ No _____ Medicare # _____

Subscriber Name: _____ Medicare A or B: _____

Other Health Insurance: _____ # _____ HMO # _____

MassHealth: Yes _____ No _____ Number _____

Do you have long term care insurance? Yes _____ No _____ Company Name: _____

Signature of Applicant: _____ Date: _____

I acknowledge I have been advised of my right to have a legal representative .

NOTE: A more in-depth assessment will be required, including medical and financial data prior to any admission decision.

FINANCIAL INFORMATION

A. CASH ASSETS

Bank Name: _____

Mailing Address: _____

Checking Account #: _____ Balance \$: _____

Bank Name: _____

Mailing Address: _____

Savings Account #: _____ Balance \$: _____

Certificates of Deposit? YES ____ NO ____ Amount(s) \$ _____ \$ _____ \$ _____

Bank Name: _____

Mailing Address: _____

B. REAL ESTATE ASSETS

Does applicant own home? YES ____ NO ____ Mortgage payment: \$ _____

Current Market Value: \$ _____ Does applicant own any other property? YES ____ NO ____

Current Market Value: \$ _____ Monthly Property Income: \$ _____

C. LIFE INSURANCE CASH VALUE

Does applicant have a life insurance policy with cash value? YES ____ NO ____

Approximate amount of cash value: \$ _____

Annuities: \$ _____

Company Name: _____

Mailing Address: _____

D. SECURITIES

Does applicant have stock, bonds, IRA's, or Keogh? YES ____ NO ____

Approximate value of all securities: \$ _____

Name & address of stockbroker: _____

E. MONTHLY INCOME

Social Security Check: \$ _____ Disability: \$ _____

Pension: \$ _____ Spouse's Income _____ Other: \$ _____

Employment Income: \$ _____ Support from family: \$ _____

Who will be responsible for payment of your bills? Self: ____ Other: ____

Name & Address of Other: _____

F. AUTHORIZATION

Everything stated in this application is true and correct. I understand that verification of all assets is required with this document including: bank statements, portfolio valuations, etc. I also understand the *Eisenberg Assisted Living Residence* considers this application as a continuing statement of financial condition. The *Eisenberg Assisted Living Residence* will keep all of this information confidential. I agree that a photocopy shall have the full force and effect as the original of this application.

Name of Person Providing Information: _____ Date _____

Signature of Person Providing Information: _____

REMARKS: _____
