

Eisenberg Assisted Living Residence
Respite Application

This application is for the *Eisenberg Residence* Respite Program only. If you should be interested in permanent residency at the *Eisenberg Residence*, a completed financial application is required. The *Eisenberg Residence* requires a 30-day deposit prior to move-in, as well as a current physician report and a personal assessment.

Name _____ Social Security Number _____
Permanent Address _____
Telephone Number _____ Date of Birth _____ Marital Status _____
Name of Spouse _____
How did you hear about us? _____

Applicant(s) have the right to have legal representation at any and/or all time

Power of Attorney for you? Yes _____ No _____ If yes,
Name, Address and Phone Number _____

Healthcare Proxy: Yes _____ No _____ If yes, _____

Physician's Name _____
Address _____
Telephone Number _____ Hospital Affiliation _____

Person to Contact in Case of Emergency:

Name _____
Address _____
Home Phone # _____ Work Phone # _____ Cell # _____

Name _____
Address _____
Home Phone # _____ Work Phone # _____ Cell # _____

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

Signature of Applicant: _____ Date _____

Name of person providing information: _____

Signature of person providing information: _____