

Life starts here.

CONFIDENTIAL APPLICATION FOR RESIDENCY

Today's Date: _____

Level of Care: Independent Living Services
 Assisted Living Services
 Enhanced Assisted Living Services

PERSONAL PROFILE

Name: _____
 Address: _____
 City/State/Zip: _____
 Phone Number: _____ | Date of Birth: _____
 Marital Status: Single Married Widowed Divorced

EMERGENCY CONTACTS

Name: _____ | Relationship: _____
 Address: _____ | City/State/Zip: _____
 Home Phone: _____ | Work: _____ | Cell: _____
 Email: _____
 Other: _____

Name: _____ | Relationship: _____
 Address: _____ | City/State/Zip: _____
 Home Phone: _____ | Work: _____ | Cell: _____
 Email: _____
 Other: _____

PERSONAL BACKGROUND

Do you have a living will? No Yes
 Do you have a power of attorney? No Yes

HEALTH
 Name: _____ Phone: _____
 Address: _____

FINANCES
 Name: _____ Phone: _____
 Address: _____

APPLICATION SUMMARY

Receipt of this Application does not commit The View to admit the Applicant into residency status. The decision to admit or not to admit an applicant is made by The View management team and will be based on the information you have provided along with an assessment at the time of the potential admission. The applicant agrees to such decision as binding and final in all respects.

The Applicant agrees to notify The View of any significant changes of information furnished in this Application. Furthermore, I/we agree to notify, in writing, of any future significant changes to my/our health from that which is herein provided.

I/we affirm that the foregoing family and personal information, and personal health history, are to the best of my/our information, true, correct and complete, and that such information may be reviewed by The View for the purpose of determining whether or not the undersigned is/are accepted as resident(s).

Applicant Signature:

Date:

The View Personnel Signature:

Date: