

The Heritage / ASSISTED LIVING

APPLICATION for ADMISSION

1. Resident _____
2. Address _____
3. In what County & State do you have legal residence?

4. Date of Birth _____ Age : _____
5. Are you: Married Single Separated Divorced Widowed
6. Full Name of Spouse _____
7. Address (if living) _____

EMERGENCY INFORMATION

Persons to be contacted in emergency:

Name	Email
Address	
Relation	Phone
Name	Email
Address	
Relation	Phone

Do you have a Power-of-Attorney or Guardian?

Please provide documentation if yes.

Yes

No

INTAKE QUESTIONS

1. What are you looking for in a community? _____
2. Your profession, trade or occupation _____
3. Do have any services right now? _____

4. What are your hobbies/social interests? _____

5. Have you ever been a resident in any mental health or nursing facility? Yes No

If so, give dates and address of facility _____

6. Have you ever been subject to a lifetime sex offender registration requirement in any state? Yes No

HEALTH HISTORY

Personal Physician's Name _____

Address _____

Phone _____

Required Insurance Information

Name _____

Social Security Number _____

Medicare Number _____

Supplemental Medical Insurance Company _____

Policy number _____

Medicaid

Number _____

Does potential resident have MLTSS in place? Yes No

If yes, provide this information and case worker : _____

If no, have you started the application process? Yes No

Gross Monthly Amounts

Type of Income	Resident	Spouse
Wages	\$	\$
Social Security	\$	\$
Public Assistance	\$	\$
Pension / Annuity	\$	\$
Disability / SSI	\$	\$
Other	\$	\$

Total Value

Type of Asset	Resident	Spouse
Savings Account	\$	\$
Checking Account	\$	\$
CD, IRA, 401k	\$	\$
Real Property	\$	\$
Cash on Hand	\$	\$
Other	\$	\$

All applicants **MUST** sign and date this application.

Applicant Signature: _____ Date: _____



Applicant Signature: _____ Date: _____

If portion or all of the application is completed by someone other than the applicant, the following statement must be completed.

I/We have completed all or part of this application at the request of the applicant:

Signature: _____ Date : _____

Please provide a *check or money order* in the amount of **\$35.00** made payable to accompanied with this form to:

The Heritage Assisted Living
45 Route 206
Hammonton NJ 08037