



Forest Park

APPLICATION FOR ADMISSION

The following is an application for admission to Forest Park Retirement Community. Please review application carefully and complete all sections.



RESIDENT INFORMATION

Name: _____ Telephone: _____

Current Address: _____

Email Address _____

Marital Status: _____ Religion: _____

Birth Date: _____ Place of Birth: _____

Social Security #: _____

United States Citizen: Yes/No Naturalized Citizen: If not born in USA only: Yes/No Date of Naturalization: _____

Permanent Residency Visa- If not born in USA only: Yes/No Year Residency Visa Obtained: _____

***If you were not born in the USA you will need to provide copies of your permanent visa/naturalization papers or green card. Thank You.

Persons to Notify for Emergencies:

1) _____

Name	Relationship

Street	

City/Town	State
_____	Zip Code

Telephone Number(s) *Including work number if needed	

Email Address _____	

2) _____

Name	Relationship

Street	

City/Town	State
_____	Zip Code

Telephone Number(s) *Including work number if needed	

Email Address _____	

Power of Attorney: (if Applicable) Name, Address & Telephone Number _____

Health Care Proxy: (if Applicable) Name, Address & Telephone Number _____

Funeral Home Arrangements: Name, Address & Telephone Number _____

II. FINANCIAL INFORMATION

ALL APPLICANTS MUST COMPLETE THIS SECTION

REGULAR MONTHLY INCOME:

Social Security _____
Pension _____
Interest _____
Dividends _____
Mortgage/Rental Income _____
IRA Income _____
Trust Income _____
Other Monthly Income _____

TOTAL MONTHLY INCOME _____

CAPITAL ASSETS:

Cash (checking & savings) _____
CDs, Money Market, etc... _____
Stocks and Bonds _____
IRAs, Annuities, etc... _____
House* _____
Other Real Estate* _____
Life Insurance _____
Trust Fund* _____
Other Assets _____

TOTAL ASSETS _____

LIABILITIES:

Home Mortgage _____
Loan/Installment Payments _____
Other Liabilities: _____

TOTAL LIABILITIES _____

*Plans for Disposition of Home and Real Estate: _____

Trust fund: Revocable or Irrevocable: When was Trust Fund Established?: _____

Has there been a transfer of assets including but not limited to real estate in the past 60 months? Yes / No

If yes, please explain and note date(s) of transfer(s) _____

Does a resident have a Durable Power of Attorney? Yes No

Conservatorship/Legal Guardian? Yes No

Pending Status of any of the above? Yes No If Yes, please explain: _____

III. HEALTH INFORMATION

APPLICANTS SHOULD ALSO COMPLETE THIS SECTION

Name and Address of Primary Care Physician:

Telephone Number: _____ Medicare Number: _____

Additional Medical Insurance Information:

Carrier's Name: _____ Number: _____

Do you have prescription drug insurance or Medicare Pt. D name: _____ Policy #: _____

Do you have Long Term Care Insurance? Yes / No If yes, name of insurance co. and policy number: _____

I hereby give permission to my physician (physician's name) _____ to provide health care and medical information as applicable.

Please list any other health care providers including their name, address and telephone number: _____

Applicant/Designated Representative Signature: _____

Date: _____

"In making admission decisions, Forest Park Retirement Community does not discriminate on the basis of race, creed, color, national origin, handicap, sex, marital status, or sexual preference."