

APPLICATION FOR ADMISSION TO WILLOW MANOR

Applicant's Name: _____

Present Address: _____

City, State: _____ **Zip:** _____

Telephone Number: _____ **Age:** ____ **Birth date:** _____ **Gender:** ____

Religion: _____ **Church:** _____

Marital Status: Married ____ Widowed ____ Single ____ Divorced ____

Name of Spouse: _____

If Spouse is living, address: _____

Number of living children: _____ **List names & addresses of two below (local children first) If no children, list two in-town relatives or personal representatives.**

1) _____ **Home Telephone:** _____

Address: _____ **Work Telephone:** _____

City, State: _____ **Zip:** _____

2) _____ **Home Telephone:** _____

Address: _____ **Work Telephone:** _____

City, State: _____ **Zip:** _____

REFERENCE'S: Name two persons other than children or pastor who have known you 5 years or longer.

1) _____ **Home Telephone:** _____

2) _____ **Home Telephone:** _____

MEDICAL INFORMATION:

Primary Physician: _____ **Telephone:** _____

Office Address: _____

Hospital Preference: _____

Hospital Address: _____

PERSONAL INFORMATION:

Social Security No. _____ **Medicare No.** _____

Please List any additional Insurance coverage:

1) **Company Name:** _____ **Telephone:** _____

Address: _____

City, State: _____ **Zip:** _____

2) **Company Name:** _____ **Telephone:** _____

Address: _____

City, State: _____ **Zip:** _____

Previous Occupation: _____

Hobbies? _____

What do you feel your physical needs are? _____

Are you on any Senior Waiver program? _____

Will you be applying for any Waiver program? _____

Are you receiving any Social Service benefits? _____

I understand that a change in my financial status affecting my ability to pay for the room, board and services of Willow Manor may result in:

- A) **Paying the difference with my own funds or with the help of family or social services.**
- B) **Relocating to another facility with the assistance of Willow Manor, family, and/or Social Services:**

Signature of Applicant: _____

