



RIDGECREST VILLAGE APPLICATION

Applicant's First Name _____ M.I. ____ Last _____
Street Address _____
City, State, Zip Code _____
Phone (H) _____ (C) _____ Email _____
Date of Birth _____ Age _____ Marital Status (circle one) Married Single Widowed Separated
Social Security# _____ Medicare# _____
Supplemental Insurance: _____ # _____
Physician Name _____ Phone _____
Specialist Name _____ Phone _____
Attorney Name _____ Phone _____

Second Applicant's First Name _____ M.I. ____ Last _____
Street Address _____
City, State, Zip Code _____
Phone (H) _____ (C) _____ Email _____
Date of Birth _____ Age _____ Marital Status (circle one) Married Single Widowed Separated
Social Security# _____ Medicare # _____
Supplemental Insurance: _____ # _____
Physician Name _____ Phone _____
Specialist Name _____ Phone _____
Attorney Name _____ Phone _____

Emergency Contacts

Name _____ Relationship _____ POA _____
Address _____ City _____ State ____ Zip _____
Phone(H) _____ (C) _____ E-mail _____

Name _____ Relationship _____ POA _____
Address _____ City _____ State ____ Zip _____
Phone(H) _____ (C) _____ E-mail _____

Name _____ Relationship _____ POA _____
Address _____ City _____ State ____ Zip _____
Phone(H) _____ (C) _____ E-mail _____

Advanced Directives and Legal Documents

Financial Power of Attorney _____

Health Power of Attorney _____

Conservator/Guardian _____

Are you a Veteran or Spouse of Veteran? _____ Dates of Military Service: _____

Did someone refer you to Ridgecrest? If so, who? _____

Long Term Care Insurance _____ Policy Number _____

Description of your LTC Benefit _____

Level of Care Desired (circle one) Independent Living Assisted Living Memory Care Health Center

Desired Date of Move In _____

If Independent Living, what arrangement are you interested in? (circle one) LifeCare 80%Plan Lease Not Sure

Level of Care desired (circle one) Independent Assisted Living Memory Care Skilled Nursing/Health Center

Responsible party for payment and billing, if other than resident, please list name/contact/relationship to resident:

FINANCIAL DATA

Assets:	Amount	Owner
Value of Property(s)	\$ _____	_____
Investments	\$ _____	_____
Stocks, Bonds, Annuities	\$ _____	_____
Trusts	\$ _____	_____
Checking/Savings	\$ _____	_____
Total Combined Assets	\$ _____	_____

Liabilities: \$ _____

Net Worth: \$ _____

Mortgage and/or Reverse Mortgage on your current home? Y / N Balance \$ _____

MONTHLY INCOME

	Applicant	Spouse <small>(if dual application)</small>
Social Security	\$ _____	\$ _____

Pension(s) \$ _____ \$ _____

(Monthly Income Continued)

Other Types of Income Name on Account	Amount/Frequency	Source
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Total Monthly Net Income \$ _____

What are your fixed monthly expenses?

Car payment	_____	Cell Phone	_____
Auto Insurance	_____	Other	_____
Medical Insurance	_____	Other	_____
LTC Insurance	_____	Other	_____

I, the undersigned, state that responses given on this application are complete, correct, and accurate to the best of my knowledge. I authorize Ridgecrest Village to confirm my information and references. I understand that falsification on this application may be cause for denial of admission or discharge thereafter.

_____	_____	
Signature	Date	Relationship to the Resident
_____	_____	
Signature	Date	Relationship to the Resident

Copies of your Power of Attorneys, Living Will and Insurance Cards will be required upon approval of application.