

Application

First Applicant 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 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

Name of Financial Power of Attorney _____

Name of Health Power of Attorney _____

Name of Conservator/Guardian _____

Other

Veteran or Spouse of Veteran? Y / N Dates of Military Service/Branch: _____

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

Long Term Care Insurance _____ Policy Number _____

Desired Date of Move In _____ Level of Care desired? (circle below)

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

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

Debt: \$ _____ Type of Debt *(please describe)* _____

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

Monthly Income

	Applicant	Spouse <i>(if dual application)</i>
Social Security	\$ _____	\$ _____
Pension(s)	\$ _____	\$ _____

Other Sources of Income *(specify amount, source, and frequency)*

\$ _____

\$ _____

Total Monthly Net Income \$ _____

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 requested upon application approval.