



A Member of the Wexner Heritage Village Family of Services
1149 College Avenue • Columbus, Ohio 43209 • 614.384.2271

APPLICATION FOR RESIDENCY

INSTRUCTIONS: Please answer all questions completely and accurately. This information will be held in strict confidence. It will not be used for other uses or made public in any way, except as needed and authorized for services or reimbursement of services.

PERSONAL INFORMATION

Applicant's Full Name _____

Legal Address _____

City _____ County _____ State _____ Zip _____

Telephone Number _____ Date of Birth _____ Social Security Number _____

Birthplace _____ County of your Legal Residence _____ How long _____
City _____ State _____

Previous Occupation (if applicable) _____ Retired

Marital status Single Married Widowed Divorced

Spouse's Name _____ Age _____ Phone () _____

Spouse's Address _____ City _____ State _____ Zip _____

Name, Address and Phone Number of your Power of Attorney/Legal Guardian _____

Vehicle Model/Make _____ License Plate # _____

SPIRITUAL LIFE

Religion _____ Name of Congregation _____

Address _____ City _____ State _____ Zip _____

FINANCIAL REPRESENTATIVE RESPONSIBLE FOR PAYING BILL

(If self, please ignore.)

Name _____ Relationship to Resident _____

Home Address _____

City _____ State _____ Zip _____

Telephone: Home (area code) _____ Business (area code) _____

HEALTH HISTORY

Attending physician _____ Provider # _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Date of last visit _____

Dates and nature of any major illnesses or operations _____

Dates and nature of any mental or emotional illnesses _____

HEALTH INSURANCE

List health and prescription drug insurance: Please provide copies of the front and back of all health and prescription insurance cards.

Long term care Yes No Company _____ Policy number _____

Medicare Yes No Plan A policy number _____ Plan B policy number _____

Secondary Insurance (Supplemental) Yes No Company _____ Policy number _____

HMO's or others _____ Policy number _____

EMERGENCY CONTACTS

Next of Kin: Children, family members, friends, trust officers, attorneys to be notified in case of emergency (in order of who should be notified first, second, third.):

Name	Address	Home/Work Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

RELEASE OF MEDICAL RECORDS

I authorize the release of medical records to The Cottage from my physicians, hospital, and health care agencies for the purpose of The Cottage's review and processing of my residency application.

Name _____ Date _____

FINANCIAL DISCLOSURE

What do you own? (Assets)

Cash		\$ _____
Checking Account		\$ _____
Savings Account		\$ _____
Stocks (Value at lower of cost or market)		\$ _____
Bonds		\$ _____
Certificates of Deposit		\$ _____
Notes Receivable		\$ _____
Real Estate	\$ _____	\$ _____
Other (Specify)	\$ _____	\$ _____
TOTAL ASSETS		\$ _____

What do you owe? (Liabilities)

Mortgage		\$ _____
Other Notes Payable		\$ _____
Medical Bills		\$ _____
Other (specify)		\$ _____
TOTAL LIABILITIES:		\$ _____
NET WORTH (Assets minus liabilities):		\$ _____

Monthly Income Sources

	Monthly:	Annually:
Social Security	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Trust	\$ _____	\$ _____
Annuities	\$ _____	\$ _____
Other	\$ _____	\$ _____
TOTAL INCOME	\$ _____	\$ _____

We reserve the right to request further financial verification. Any Omission from this financial statement may be deemed sufficient grounds to refuse further consideration for residency at The Cottage.

I HEREBY CERTIFY that I make this application of my own free will. It is my purpose to make The Cottage my home. In completing the foregoing Residency Application, all statements made herein are true, full, and complete. If I move-in, I agree to comply with all current and future policies and procedures of The Cottage.

Signature of Applicant

Date

I, the undersigned Sponsor, interested in the applicant's residency, have advised the applicant to sign it, and it was signed in my presence of the applicant's own free will.

Signature of Sponsor

Date