



*Personal Care for Independent Seniors*

14663 Route 68 ♦ Sligo, PA 16255  
814-745-2031 ♦ ClarviewNursing.com

# ADMISSION APPLICATION

Floor Plan Desired:

Private     Semi-Private     Annex     Respite Stay

Applicant Name: \_\_\_\_\_ Gender:  Female  Male

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status :  Married  Divorced  Single  Widowed  Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Are you a Veteran?  Yes  No Branch of Military Served: \_\_\_\_\_

Education:  High School  College  Technical  Other \_\_\_\_\_

Prior Occupation: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Hobbies and Interest: \_\_\_\_\_

Assistive Devices: \_\_\_\_\_ Allergies: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_

Group #: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Power of Attorney  Yes  No

### Primary Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home or Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Power of Attorney  Yes  No

### Alternative Contact

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home or Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Other Specialist Physicians: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

Do you have a Living Will/Advance directive?  Yes  No

Funeral Home: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Income	Monthly Income	Self	Jointly Owned
	Social Security		
	Pension		
	Veterans		
	Interest		
	Annuities		
	Stocks/Bonds/Investments		
	Certificates of Deposit		
	Black Lung		
	Other Income: rental property, gas royalty, interest, dividends, etc.		

Assets	Financial Information	Self	Jointly Owned
	Balance of Checking Account (s)		
	Balance of Savings Account (s) and/or Money Market Accounts		
	Value of Life Insurance Policies		
	Fair market value any owned property/real estate		
	Value of Trust available for support and care		
	Value of Stocks/Bonds/Investments		
Value of other assets			

Have you transferred any assets for less than full value within the last five (5) years?  Yes  No

How did you hear about **COUNTRY SPRINGS**? \_\_\_\_\_

***I hereby certify that the supplied information is correct and complete to the best of my knowledge.***

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Responsible Party Signature

\_\_\_\_\_  
Date