

To be completed by applicant or authorized representative:

For which campus do you wish to apply for residency?

Randallia Place

Victory Noll

Please complete the following information to be considered for residency at Saint Anne Communities.

If a married couple is applying for joint residency, individual applications are required.

First Name: _____ M.I.: _____ Last Name: _____
Current Street Address: _____
City: _____ State: _____ Zip: _____
Applicant's Current Living Arrangement: _____
Home Phone Number: _____ Other Phone Number: _____
Email Address: _____@_____._____
Date of Birth: _____ Age: _____ Sex: Male Female
Marital Status: _____ Spouse's Name: _____
Social Security Number: _____ Medicare Number: _____
Medicaid Number (if applicable): _____
Additional Insurance Information: _____
Long-Term Care Insurance Company (if applicable): _____

Emergency Contacts (please list in the order they are to be contacted)

Primary Emergency Contact:

Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Work/Other Phone: _____ Email: _____
Is this individual listed on your Power of Attorney or Healthcare Directive: _____

Secondary Emergency Contact:

Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Work/Other Phone: _____ Email: _____
Is this individual listed on your Power of Attorney or Healthcare Directive: _____

Other Emergency Contact:

Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Work/Other Phone: _____ Email: _____

Other Emergency Contacts/Living Children:

Name: _____ Relationship: _____

Full Address: _____

Home Phone: _____ Cell/Other Phone: _____

Name: _____ Relationship: _____

Full Address: _____

Home Phone: _____ Cell/Other Phone: _____

Primary Care Physician: _____ Phone: _____

Address: _____

Alternate Physician/Specialist: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Pharmacy: _____ Phone: _____

Hospital Preference: _____

Ambulance Preference: _____

Funeral Home/Mortuary: _____

Religion: _____ Church: _____

Clergy: _____ Phone: _____

Will you be bringing your own vehicle? Yes No

Make: _____ Model: _____ Year: _____

License Plate Number: _____ Auto Insurance: _____

Are you a veteran? Yes No

Do you currently receive Veteran's benefits? Yes No

Do you plan to apply for Veteran's benefits in the future? Yes No

FINANCIAL DATA
MONTHLY INCOME OF APPLICANT

1. Social Security: _____

2. Pension/Retirement: _____

3. Trust Fund: _____

4. Dividends: _____

5. Other: _____

Total Monthly Income: _____

Checklist:

The following items must be submitted with the completed application:

- \$1000 Deposit/Community Fee (check or money order payable to Saint Anne Communities)

Copies of:

- Medicare/Primary Insurance Card
- Supplemental/Secondary Insurance Card (if applicable)
- Medicare D/Prescription Drug Card (if applicable)
- Long-Term Care Insurance Information (if applicable)
- Driver's License or Identification Card
- Proof of Auto Insurance (if bringing vehicle)

Copies of **Advance Directives** applicant has in place:

- Power of Attorney
- Healthcare Representative
- Living Will

The following items are required prior to moving in:

- History & Physical within 30 days
- Chest X-Ray within the past 6 months
- _____
- _____

Please read carefully and sign below:

I make this Application for Residency of my own free will and accord. I declare the information I have provided to be true and accurate to the best of my knowledge. I give my permission to Saint Anne Communities to verify the information given. Furthermore, I understand that it is my responsibility to notify Saint Anne Communities of any changes to the information provided. With this confidential Residency Application, I understand that a deposit of \$1000 (one thousand dollars) is required. I understand that the exact date of move-in is dependent on availability and care level required. At the time of application this deposit will be held in a non-interest-bearing escrow account and is refundable by my written request. I understand that upon taking residency at Saint Anne Communities (moving in) this deposit will be considered a Community Fee, and is no longer refundable.

I understand that Saint Anne is a smoke-free community, and I agree to abide by this as well as all other community rules that are in place for all residents.

APPLICANT

SIGNATURE _____ DATE _____