



Phillips-Strickland House

Application for Admission

CURRENT INFORMATION

Name _____ Date of Application _____

Address _____

Email Address _____

Male or Female _____ Telephone _____ Cell Phone _____

Soc. Sec. No. _____ Medicare No. _____ Medicaid No. _____

HISTORY

Date of Birth _____ Place of Birth _____

Spouse(s) _____ Soc. Sec. No. _____

Date of Marriage(s) _____ Where _____

Marital Status (please circle one) Married / Widowed / Single / Divorced

Names of Children	Address	Telephone / Cell Phone	Email Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEDICAL INFORMATION

Physician's Name	Address	Telephone
_____	_____	_____
_____	_____	_____

Additional Providers

Medical Problems

Handicaps

Allergies

Health Insurance Company and Policy ID Number

LEGAL INFORMATION

Durable Power of Attorney/Health Care Yes _____ No _____

Name, Address & Phone _____

Email Address _____

Durable Power of Attorney/Financial Yes _____ No _____

Name, Address & Phone _____

Email Address _____

Legal Guardian Yes _____ No _____

Name, Address & Phone _____

Email Address _____

Responsible Family Member

Name, Address & Phone _____

Email Address _____

Legal Conservator Yes _____ No _____

Name, Address & Phone _____

Email Address _____

*Please provide documentation to support each item listed above.

EDUCATION AND EMPLOYMENT HISTORY

Education *(please check one)*

No formal schooling _____

8th grade or less _____

9th - 11th grade _____

High School _____

Technical or Trade School _____

Bachelor's Degree _____

Graduate Degree _____

Other *(please specify)* _____

Former Occupation _____

Military Service (please list branch and dates) _____

LIVING ARRANGEMENTS

Currently residing in *(please check one)*

Private Home or Apartment _____

Home with Spouse / Companion _____

Home with Family _____

Rehab _____

Residential Care / Assisting Living _____

Long Term Care _____

Other *(please specify)* _____

Do you live alone? Yes _____ No _____

FINANCIAL INFORMATION

Please provide detail for the following: cash, savings account, certificate of deposit, IRA, 401(k), 403 (b), other retirement plans, stocks, bonds, annuities, trust funds and/or any other financial investment instruments.

NAME(S) ON ACCOUNT	TYPE OF ACCOUNT	NAME OF BANK OR INSTITUTION	ACCOUNT #	CURRENT BALANCE OR VALUE	DOCUMENTATION PROVIDED*
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* Please provide documentation to support each item listed above.

Do you or your spouse have any life insurance? No ☐ Yes ☐ If yes, please list below:

NAME OF INSURED	BENEFICIARY	INSURANCE COMPANY NAME	FACE VALUE	CASH VALUE	DOCUMENTATION PROVIDED*
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* Please provide documentation to support each item listed above.

Please list any real estate (including your personal residence) and/or any personal property you or your spouse own including: automobile, boats, campers or any other property.

NAME(S) OF OWNERS	YEAR	DESCRIPTION OF PROPERTY	VALUE	MAKE	MODEL	AMOUNT OWNED
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INCOME

Please list all income received including but not limited to: social security, retirements funds, pensions, annuities, wages, dividends, interest, rental and other.

RECEIPIENTS NAME	GROSS MONTHLY AMOUNT	FORM OF INCOME	DOCUMENTATION PROVIDED*
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* Please provide documentation to support each item listed above.

SPECIAL INTERESTS

Organizations you have belonged to

Number of Years

Offices held

Special Interests or Hobbies

Church Affiliation (optional)

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PERSONAL REFERENCES

Please check any of the following advanced directives that apply to you:

Living Will _____

Do not resuscitate (DNR) _____

Do not hospitalize _____

Organ donation _____

Mortuary (please specify) _____

Other (please specify) _____

Relatives and friends to be notified in case of emergency:

Name _____

Address _____

Phone Home _____ Work _____ Cell _____

Name _____

Address _____

Phone Home _____ Work _____ Cell _____

Name: _____

Address _____

Phone Home _____ Work _____ Cell _____

Name _____

Address _____

Phone Home _____ Work _____ Cell _____

Name _____

Address _____

Phone Home _____ Work _____ Cell _____

Signature of Applicant

Date

Signature of person filling out this application
If other than applicant

Telephone No.