



Application for Residency

Date of Reservation _____

Date Received _____

Date Approved _____

Please complete and return this Application for Residency and the accompanying Confidential Disclosure Form. This information is kept strictly confidential. For couples, each individual will need to complete an application for residency, however the Confidential Financial Disclosure Form may be completed jointly. Please return this completed application by ____/____/____.

Personal Information

Full Name (last, first, middle) _____ SS # _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

How many years at present address? _____ Do you Own home Rent Live with children Other _____

Maiden Name (if applicable) _____

Date of Birth _____ Place of Birth (city, state and country) _____

Mother's Maiden Name _____ Father's Full Name _____

Marital Status _____ Date of Marriage _____ Spouse's Name _____
single, married, divorced, widowed

Present and/or Previous Occupation _____

Educational Background _____

Special Interests or Hobbies _____ Do you own a pet? _____

Religious Preference _____ Name of Church/Synagogue/Mosque _____

Address _____ City _____ State _____ Zip _____

Preferred Contact(s) _____ Phone(s) _____

Children *Use additional sheet if necessary*

Name	Address	Phone	Cell	E-mail
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Wellness

In your estimation, is your health good, fair, or poor? _____

Do you have any specific physical limitations? _____

Have you been diagnosed with a specific condition or disease? _____

Primary physician's name _____ Area of Specialty (if applicable) _____

Address _____ City _____ State _____ Zip _____

Phone(s) _____ Fax _____



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Emergency

Below, please list names, complete addresses and all phone numbers for family members to be notified in case of an emergency: (Please attach separate sheet if needed.)

Relationship	Name	Complete Address	Phone number(s)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Legal

Who, if anyone besides yourself, is responsible for your legal and financial obligations and/or estate matters?

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Do you have a General/Healthcare Power of Attorney? Yes No

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Phone _____ Alternate phone _____

Referral

How did you learn about our community and/or Lutheran Homes of SC ? _____

Who, if anyone, specifically referred you to our community and/or Lutheran Homes of SC ? (check all that apply)

Newspaper Internet Friend/Family Radio Health Care Provider Legal/Financial Planner Clergy

Other _____

Signatures

Applicant's Signature (self)

Printed Name (self)

Date _____

Power of Attorney Signature (if applicable)

Printed Name (Power of Attorney)

Date _____