



Applicant's Name _____

Current Address _____

City/State/Zip _____

Phone Number (_____) _____ Date of Birth _____

Medicare Number _____ Social Security Number _____

Do you have Supplemental Insurance? **Yes** **No** If Yes, Name and Group Number _____

Do you have an HMO? **Yes** **No** If Yes, Name and Group Number _____

How did you or your family hear about Selfhelp Home? _____

Marital status? Single Married Widowed Divorced

Are you currently living alone? **Yes** **No** If no, who are you living with? Spouse Relatives Other

Are you living in An Apartment Own Home Retirement/Nursing Facility (Specify) _____

Who is your Power of Attorney for health care?

Name _____ Relationship _____

Emergency contact

Name _____ Relationship _____

Home Phone _____ Work/Cell Phone _____

Home Address _____

City/State/Zip _____

Email Address _____

Medical Information

Physician's Name _____

Address _____

Phone Number _____ Fax Number _____

Referring Hospital _____ Phone _____

Hospital Date of Admission _____ Expected Discharge Date _____

Applicant/POA Signature _____ Date _____

*For permanent residence a Resident Application must be filled out and submitted

FOR OFFICE USE ONLY

Received by _____ Date _____

Approved by _____ Date _____

