



ADMISSION APPLICATION

PERSONAL INFORMATION

Name _____
(First, Middle, Maiden/Surname, Last)

(Address)

(City, State, Zip)

Telephone # _____ Social Security # _____

Date of Birth _____ Birthplace _____ U.S. Citizen? _____ Veteran? _____
(City, State or Foreign Country)

Marital Status: Single _____ Married _____ Widowed _____ Divorced _____

Spouse/Significant Other Full Name _____

Father's Name _____ Mother's Name _____
(First, Middle, Last) (First, Middle, Last)

Highest Level of Education _____

Previous Occupation _____

I worked at this occupation for _____ years, ending _____.

Religion/Affiliation _____
(Church/Address, City, State, Zip) (Telephone Number)

CONTACTS

Contact #1: _____
(Name) (Relationship)

(Address, City, State, Zip) (E-mail)

(Home Phone) (Business Phone) (Cell Phone)

Contact #2: _____
(Name) (Relationship)

(Address, City, State, Zip) (E-mail)

(Home Phone) (Business Phone) (Cell Phone)

LEGAL INFORMATION

GUARDIAN Person Estate

Durable Power of Attorney Designee:

_____ (Name) _____ (Phone)

_____ (Address, City, State, Zip)

Date executed: _____ State Executed: _____

Durable Power of Attorney for Health Care Designee:

_____ (Name) _____ (Phone)

Date executed: _____ State Executed: _____

Do you have a living will? _____

Date executed: _____ State Executed: _____

INSURANCE INFORMATION

Medicare # _____ Part A Part B

Supplemental Policy _____

Address _____

Telephone # _____ Fax # _____

Policy # _____ Group # _____

Medicaid # _____

Prescription Coverage _____

Policy # _____ Group # _____

HEALTH INFORMATION

Personal Physician

_____ (Name)

_____ (Address, City, State, Zip)

(Telephone)

(Fax)

(E-mail)

FINANCIAL INFORMATION (Include Spouse's Income)

Indicate the amount of income you receive per month.

Social Security \$ _____ Dividends on Investments \$ _____

Pension \$ _____ Annuities \$ _____

Trust Fund \$ _____ Other: _____ \$ _____

Interest on Savings, Treasury Notes, Etc \$ _____

Total Monthly Income \$ _____

Estimate current balance in all asset accounts – checking/savings

Bank: _____ Balance \$ _____

Bank: _____ Balance \$ _____

Bank: _____ Balance \$ _____

Indicate Current Market Value:

Stocks \$ _____

IRA accounts \$ _____

Bonds \$ _____

Real Estate \$ _____

Automobile(s) \$ _____

Total Assets \$ _____

Funeral Arrangements

Funeral Home _____ Telephone # _____

Director's Name _____ Prepaid Irrevocable Contract? _____

Cemetery _____ Prepaid Irrevocable Contract? _____

Burial Lot _____ Section _____ Cremation? _____

Indicate level(s) that would serve present need and interest:

Long Term Care Memory Support Unit Respite

I understand I am applying for admission to The McGregor Retirement Community. If admitted, I agree to conform to all of its rules as they are or shall be prescribed to be. I do hereby affirm and state that the foregoing information in this admission application is true, accurate and complete in all respects. I have reviewed this information and understand that A. M. McGregor will be relying upon its accuracy for purposes of admission of the proposed resident into McGregor.

Applicant's Signature: _____

Date: _____

Applicant's Sponsor/
Legal Representative: _____

Date: _____

McGREGOR IS PROUD TO BE A SMOKE FREE ENVIRONMENT