

Woodside Senior Communities Application

Applying for:

Woodside Lutheran Home Woodside Manor Woodside Villa Woodside Oaks

General Information:

Name: _____ Phone Number: _____

Current Address (Include City, State, Zip): _____

Circle One: Own or Rent

Social Security Number: _____ Medicare Number: _____

Medicaid Number: _____ Physician: _____

Date of Birth: _____ Age: _____

Are you a U.S. citizen? Yes or No Religion: _____

Marital Status: Married Widowed Divorced Single

If married, name of spouse: _____ Anniversary Date: _____

Are you a veteran or were you married to a veteran during war time? Yes or No

Have you ever received care in a nursing home? Yes or No

If yes, name of nursing home: _____

Insurance Information:

Type of Insurance: _____ Company Name: _____

(Examples: Medicare Supplement, Long-term Care Insurance)

Copies of Medicare and Insurance cards will be requested upon admission.

Legal Information:

Do you have any of the following? If yes, check the appropriate line(s) and complete below:

Legal Guardian of Person Legal Guardian of Estate

Power of Attorney for Health Care Durable Power of Attorney

Name: _____ Name: _____

Phone Number: _____ Phone Number: _____

Relationship: _____ Relationship: _____

Copies of Health Care Power of Attorney and Guardianship papers will be requested before or upon admission.

-Flip Paper Over To Complete Application, Sign & Date-

Woodside Senior Communities Application

Emergency Contact:

Name: _____ Phone Number: _____

Current Address (Include City, State, Zip): _____

Email: _____ Relationship: _____

Financial Disclosure:

Monthly Income

Social Security \$ _____

Pension(s) \$ _____

Annuity Dist. \$ _____

IRA Dist. \$ _____

Interest/Divid. \$ _____

Other \$ _____

TOTAL \$ _____

Liabilities

Home Mortgage \$ _____

Credit Cards \$ _____

Line of Credit \$ _____

Other Debt \$ _____

TOTAL \$ _____

Assets

Checking/Savings Account \$ _____

Stocks/Bonds \$ _____

Annuities \$ _____

IRAs \$ _____

Life Insurance(Cash Value) \$ _____

Home \$ _____

Other Real Estate \$ _____

Other Assests \$ _____

TOTAL \$ _____

Signature: (Resident, Family Member or Responsible Party)

Date:

Signature: (Woodside Senior Communities Representative)

Date: