



1. Name _____ Telephone No. _____

Present Address _____ Zip Code _____

2. Date of Birth _____ Birthplace _____ Social Security No. _____

United States Citizen? _____ YES _____ NO

3. Name of Spouse _____ Social Security No. _____

If deceased, give date of death _____

4. Your usual occupation _____

5. Military Service (which war & dates of service, if known)

6. List children and near relatives living:

Name	Relation	Address	Zip Code	Tel. No. Home/Work
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. Do you have a disabled adult for whom you are caring? _____

8. Have you ever been a resident in a nursing home? _____

9. Your physician's name _____

Address _____

Financial Statement

The Following information on your income and assets is essential to assist the Admissions Committee in working with you to arrive at a mutually satisfactory financial arrangement. Please list all assets; giving description and approximate value (attach a separate sheet if necessary). This should include cash, deposits, savings, stocks, bonds, real estate, and life insurance. **Attach all account statements to this application.**

10. Location of Real Estate you own and approximate value _____

a.) Is this property co-owned? _____ YES _____ NO

b.) Name of co-owner(s) _____

11. List Banks/ Savings & Loan Accounts you have:

Bank _____ Account No. _____ Amount _____

Bank _____ Account No. _____ Amount _____

Bank _____ Account No. _____ Amount _____

12. Do you own any stocks _____ Bonds _____ List below:

Name of Company	No. of Shares	Approx. Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Your monthly Social Security Income _____

14. Your monthly Pension Income \$ _____ Source/Company Name _____

15. Do you have any monthly expenses? _____ YES _____ NO

Mortgage (reverse mortgage) _____

Credit card debt _____

Real Estate Taxes _____

16. Do you have a Living Trust? _____ YES _____ NO **Annuity?** _____ YES _____ NO

Name of Trust Manager: _____

Trust Name: _____

17. Any other income \$ _____ Source _____

18. ***Have you transferred (gifted) any money, stocks, bonds, mortgages, real or personal property within the past five years?** _____ YES _____ NO

Date: _____ Value _____ To whom: _____

Date: _____ Value _____ To whom: _____

Date: _____ Value _____ To whom: _____

A COPY OF ALL INSURANCE CARDS IS REQUIRED (FRONT & BACK)

19. Medicare Number _____ Part A _____ Part B _____

20. Primary Health Insurance _____ ID # _____ Group # _____

21. Secondary Health Insurance _____ ID # _____ Group # _____

22. Prescription Plan _____ ID # _____

23. Long Term Care Insurance Company Name _____ Policy # _____

Claim Filing Address _____

24. Do you have Life Insurance? _____ YES _____ NO

Name of Company _____ Amount _____

Name of Company _____ Amount _____

25. Do you have an Advance Directive? _____ YES _____ NO

26. Have you designated anyone as your Durable Power of Attorney _____ or Power of Attorney _____?

If so, give their name, address, and phone number _____

27. Do you have an Irrevocable Burial Fund? _____ YES _____ NO

28. Please list your Funeral Home:

Name _____

Address _____ Phone Number _____

Do you have pre-paid burial arrangements that are not designated "Irrevocable"? _____ Yes _____ No

29. If you owe any debts, to whom and how much? _____

30. Are you obligated (co-sign) for any "mortgages"? _____ YES _____ NO

If so, please list _____

Additional Admission Information

Wesley Enhanced Living is open to persons without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, or sex. Applicants must be at least 65 years of age.

This application does not obligate the applicant, nor does it guarantee entrance to Wesley Enhanced Living. A formal agreement is required upon admission.

This Document is of a confidential nature and will be used only by the Admission staff of Wesley Enhanced Living. The information contained herein will be kept in strictest confidence. Please keep the Admission staff informed as to significant changes in data contained herein.

Funeral arrangements are responsibility of the resident, and the payment of all expenses relating thereto.

I make this application for membership into Wesley Enhanced Living of my own free will and accord.

If my resources become insufficient to meet the cost of care, I will be willing to accept any local, state, or federal assistance available when I become eligible and help make an application for such aid.

I declare the answers to the foregoing questions to be true, full and complete and agree to the terms described within.

Resident's Signature: _____ **Date:** _____

Power of Attorney: _____ **Date:** _____

Responsible Person: _____ **Date:** _____