



Elan Gardens

ADMISSION PROFILE

Type of Stay being considered: Personal Care Memory Care
 Short-Term Respite Stay

Accommodations Desired: Private Suite Companion Suite

Applicant Name: _____ Gender: Female Male

Date of Birth: _____ Social Security #: _____

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Home/Cell Phone: _____ Email Address: _____

Are you a Veteran? Yes No Military branch served: _____

Was your spouse a Veteran? Yes No Military branch served: _____

Resides: <input type="checkbox"/> Alone	Martial Status: <input type="checkbox"/> Married	Education: <input type="checkbox"/> High School
<input type="checkbox"/> Spouse	<input type="checkbox"/> Divorced	<input type="checkbox"/> College
<input type="checkbox"/> Children	<input type="checkbox"/> Single	<input type="checkbox"/> Technical
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Widowed	<input type="checkbox"/> Other _____

Name of Spouse/Significant Other: _____

Prior Occupation: _____

Church Affiliation: _____ Pastor: _____

Eye color: _____ Hair color: _____ Do you wear glasses: Yes No

Do you wear hearing aids? Yes No Placement in: Left Ear Right Ear Both Ears

Primary Insurance: _____ Secondary Insurance: _____

Group #: _____ Group #: _____

Policy #: _____ Policy #: _____

Power of Attorney Yes No

Power of Attorney Yes No

Primary Contact:

Name: _____

Relationship: _____

Address: _____

Home or Cell Phone: _____

Email Address: _____

Additional Contact Person:

Name: _____

Home or Cell Phone: _____

Alternative Contact:

Name: _____

Relationship: _____

Address: _____

Home or Cell Phone: _____

Email Address: _____

Relationship: _____

Email Address: _____

Primary Care Physician: _____ Office Phone: _____

Additional Specialist Physicians: _____

Dentist: _____ Podiatrist: _____ Optometrist: _____

Preferred pharmacy: _____ Phone: _____

Do you have a Living Will/Advance directive? Yes No

Funeral Home: _____ Phone: _____

Address: _____

Income	Monthly Income	Self	Jointly Owned
	Social Security		
	Pension		
	Veterans		
	Interest		
	Annuities		
	Stocks/Bonds/Investments		
	Certificates of Deposit		
	Black Lung		
	Other Income: rental property, gas royalty, interest, dividends, etc.		

Assets	Financial Information	Self	Jointly Owned
	Balance of Checking Account (s)		
	Balance of Savings Account (s) and/or Money Market Accounts		
	Value of Life Insurance Policies		
	Fair market value any owned property/real estate		
	Value of Trust available for support and care		
	Value of Stocks/Bonds/Investments		
	Value of other assets		

Have you transferred any assets for less than full value within the last five (5) years? Yes No

How did you hear about Elan Gardens Personal Care? _____

I hereby certify that the supplied information is correct and complete to the best of my knowledge.

Applicant Signature

Date

Applicant's Responsible Party Signature

Date