

# Shire Senior Living Application for Residency

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
          (Last)           (First)           (Middle)

Address: \_\_\_\_\_  
          (Number and Street)           (City)           (State)           (Zip)

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ Marital Status: \_\_\_\_ SS# \_\_\_\_/\_\_\_\_/\_\_\_\_

Religion: \_\_\_\_\_ Room Type: Suite\_\_\_\_ Private\_\_\_\_ Semi Private\_\_\_\_

**Primary Care Physician (Please Include First and Last Name)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

**Other Health Care Providers (Psychiatrists, Specialist, Dentist, etc)**

Name: \_\_\_\_\_ Speciality: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

Other Health Insurance: \_\_\_\_\_

PLEASE PROVIDE COPIES OF ALL INSURANCE CARDS

**Next of Kin/Sponsor:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
          (Number and Street)           (City)           (State)           (Zip)

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Monthly Income  
Social Security: \$ \_\_\_\_\_  
SSD: \$ \_\_\_\_\_  
SSI: \$ \_\_\_\_\_  
Pension: \$ \_\_\_\_\_  
Other source of Income (Please Specify)  
\$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_  
Please provide proof of income

Assets  
Checking Acct(s): \$ \_\_\_\_\_  
Savings Acct(s): \$ \_\_\_\_\_  
Real Estate: \$ \_\_\_\_\_  
Annuities/Investments: \$ \_\_\_\_\_  
Trusts: \$ \_\_\_\_\_  
Other (Please Specify) \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_  
Please provide 3 months of bank statements

Do you have a pre-paid burial? \_\_\_\_\_ Is it Irrevocable? \_\_\_\_\_ Value? \_\_\_\_\_

Name of Funeral Home and Telephone Number \_\_\_\_\_

Do you have Life Insurance? \_\_\_\_\_ If yes, Name of Policy: \_\_\_\_\_

Face Value of Policy: \$ \_\_\_\_\_ Cash Value of Policy: \$ \_\_\_\_\_

Do you have any liabilities that may reduce your income (if so, please explain): \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is understood that all information given in this application is true and correct. This application does not bind me or Shire Senior Living in any manner, but merely expresses my interest in becoming a resident. It is understood that all information supplied is confidential and will not be used for any purpose other than to evaluate my prospective residency.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

#### Emergency Contacts

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_