

Nursing___ Liberty Center___ Independent Living___ Date Received___ By:_____

**The Village at St. Edward
Application for Residence**

(Please print or type all information)

First Name:_____ **MI:**___ **Last Name:**_____

Present Address:_____

City:_____ **State:**_____ **Zip Code:**_____

County:_____ **Name of Spouse:**_____

Phone:_____ **Fax:**_____ **E-mail:**_____ **@**_____ **Cell:**_____

Date of Birth:___/___/___ **Place of Birth:**_____ **Sex:** M F

Marital Status: ___ Married ___ Single ___ Widowed ___ Divorced ___ Separated

Social Security #:_____ **Medicare #**_____

Medicaid #:_____ **Insurance:**_____

Group#:_____ **ID#:**_____

Life's Occupation:_____ **Level of Education:**_____

Fathers Name:_____ **Place of Birth:**_____

Mothers Maiden Name:_____ **Place of Birth:**_____

Are you a veteran? Yes No **If yes, dates of service**_____ **Branch:**_____

Funeral Home of your choice:_____

Address:_____

Phone Number:_____ **Prepaid:** Yes No

Do you have a: (Please Circle Yes or NO)

Living Will Yes No **If yes who?**_____

Durable Power of Attorney for Health Care Yes No **If yes who?**_____

Power of Attorney Yes No **If yes who?**_____

Ohio DNR Yes No **If yes who?**_____

Organ Donation Arrangements Yes No **If yes who?**_____

Guardian Yes No **If yes who?**_____

Religious Affiliation:_____

Address of Place of Worship:_____

Name of Leader:_____ **Phone Number:**_____

Responsible Party

Name: _____ Address: _____

Relationship _____

Phone: _____ Fax: _____ Cell: _____ E-mail _____ @ _____

Please list the names of your contacts or people that may receive information about you. If you need more spaces please list them on a separate sheet and attach to the application:

1) Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell: _____ E-mail: _____ @ _____ Fax: _____

2) Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell: _____ E-mail: _____ @ _____ Fax: _____

3) Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell: _____ E-mail: _____ @ _____ Fax: _____

4) Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell: _____ E-mail: _____ @ _____ Fax: _____

Your Personal Physician: _____

Address: _____

Phone: _____ Specialty: _____

Any Hobbies, Interests or Affiliations: _____

State briefly why you wish to be a resident here at The Village At St. Edward: _____

Signature of Applicant: _____ **Date:** _____