



THE OAKS

AT NORTHERN LIGHTS

APPLICATION FOR RESIDENCY

This application will be part of the Tenant Service Agreement and must be completed in its entirety. The Oaks at Northern Lights affords equal treatment and access to its facilities and services for all persons without unlawful discrimination due to race, color, religion, sex, age, national origin, ancestry, or disability. All information will be held in strict confidence.

DATE: _____ NAME: _____

CURRENT ADDRESS: _____

TELEPHONE #: _____

PAST/PRESENT OCCUPATION: _____

DATE OF BIRTH: MONTH ____ DAY ____ YEAR ____ BIRTHPLACE: _____

MARITAL STATUS: NEVER MARRIED MARRIED WIDOWED SEPERATED DIVORCED

SPOUSE'S NAME: _____

CHILDREN/SIGNIFICANT OTHER CONTACTS:

NAME	ADDRESS	PHONE #

DO YOU HAVE A DURABLE POWER OF ATTORNEY FOR MEDICAL DECISIONS? YES NO

DO YOU HAVE A DURABLE POWER OF ATTORNEY FOR FINANCIAL DECISIONS? YES NO

(IF SOMEONE OTHER THAN YOU ADMINISTERS YOUR FINANCES AND/OR OBLIGATIONS, PLEASE LIST THIS PERSON'S NAME, ADDRESS, AND TELEPHONE NUMBER. IF YOU HAVE A POWER OF ATTORNEY, TRUST OFFICER, OR GUARDIAN FOR FINANCIAL OR MEDICAL DECISIONS, PLEASE ATTACH A COPY OF THE LEGAL DOCUMANTS.)

RESPONSIBLE PARTY-FINANCIAL

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

RELATIONSHIP: _____

RESPONSIBLE PARTY-MEDICAL

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

RELATIONSHIP: _____

INSURANCE INFORMATION:

COMPANY: _____

MAILINGADDRESS: _____

PHONE NUMBER: _____

SOCIAL SECURITY #: _____

MEDICARE A #: _____

MEDICARE B #: _____

MEDICARE D#: _____

BIN#: _____

PCN#: _____

ID#: _____

GROUP#: _____

MEDICAID#: _____

OTHER INSURANCE: _____

POLICY #: _____

VETERAN: YES NO

CARE PROVIDERS

ATTENDING PHYSICIAN: _____

OPHTHAMOLOGIST: _____

EYE DOCTOR: _____

PODIATRIST: _____

PHARMACIST: _____

DENTIST: _____

HEARING SPECIALIST: _____

HOSPITAL: _____

FUNERAL HOME: _____

CHURCH AFFILIATION: _____

ANY PYSICAL, MEDICAL, OR PERSONAL CONCERNS AND/OR NEEDS THAT WE SHOULD BE AWARE OF:

DO YOU WANT CPR? _____

DO YOU HAVE AN ADVANCED DIRECTIVE AND/OR LIVING WILL? _____
