

**APPLICATION**

Mr.    Mrs.    Miss \_\_\_\_\_ Participant

Current Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Living Arrangements    Home w/ Family    Independent Living    Assisted Living  
 Other: Please Specify \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender:    M    F   \_\_\_\_\_ Race \_\_\_\_\_

*MARITAL STATUS (Check One)*    Single    Married    Widowed    Divorced

Social Security Number \_\_\_\_\_ Medicaid Number \_\_\_\_\_ Medicare Number \_\_\_\_\_ VA Number \_\_\_\_\_

Level/Care:   Adult Day   Other Ins. Policy # \_\_\_\_\_

RESPONSIBLE PARTY/CAREGIVER

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

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

OTHER CONTACT/EMERGENCY

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

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Signature of Participant or Legal Representative \_\_\_\_\_ Date \_\_\_\_\_

HOW DID YOU HEAR ABOUT US?    Friend    Internet    Phone Book    Advertisement  
 Other \_\_\_\_\_