



## APPLICATION FOR RESIDENCY

The information contained in this application will be held in strict confidence. This application does not constitute any guarantee of admission. However, upon admission, the application becomes a part of the Admission Agreement. Please complete the application in its entirety including the financial statement on the following pages. Information should be only for the person being admitted.

In the event to	wo (2) pe	eople are applying fo	or residency, an app	olication must b	e completed for ea	ach person.				
□ Mr. □	Mrs.	☐ Miss			Applicant					
Applicant										
			C	Surrent Address	3					
City			Sta	State Zip Code			Phone with area code			
	Date	e of Birth			Birth Place/State		Age			
MARITAL STATUS (Check One)			☐ Single	☐ Married	d					
Social Security Number				Medicare Number			Medicaid Number			
List Co-Insurances			Name, Ad	Name, Address, City, State Zip Code			Policy Number			
		Name of Chu	rch			Name of Pa	astor			
Address			City,	State	Zip Code	Phone with area code				
HAVE YOU	OR YO	UR SPOUSE EVE	ER SERVED IN T	HE ARMED S	SERVICES?	You: Spouse:	☐ Yes ☐ No ☐ Yes ☐ No			
HOW DID YOU HEAR ABOUT US? ☐ F			☐ Friend ☐	Internet 🗆	Phone Book	☐ Advertise	ment			
PHYSICIAN	IS		□Other							
Name		Street A	Address/PO Box		City, State	Zip	Phone with area code			
					- 7,	,				
Name		Street A	Address/PO Box		City, State	Zip	Phone with area code			
DENTIST										
Name	Name Street Address/PO Box				City, State	Zip	Phone with area code			
HOSPITAL										
Name		Street A	Address/PO Box		City, State	Zip	Phone with area code			



## **FUNERAL HOME PREFERENCE**

Name	me Street Address/PO I			State Zip	ſ	Phone with area code		
RESIDENT IS MOVING FR	OM:							
DOES APPLICANT HAVE	THE FOLLOWING	? IF MARKED "YE	S", PLEA	SE PROVII	DE COPIES	OF THE DOCUMENTS.		
Document Title	Decument Title			Cons	of POA's, ervator, ardian	Currently acting on Resident's behalf		
Living Will		Yes	No	<u> </u>	ii didii	Resident 5 Bendin		
Power of Attorney for I	Health Decisions							
Power of Attorney for I								
Conservator	manolal Decisions	,						
Guardian								
	NOV DI FACE NO	TIEV THE FOLLO	WW (5)		T IN ORDE			
IN CASE OF AN EMERGE Name, Mailing Address,				LEASE LIS	Phone nun	R OF PREFERENCE): nbers with Area Code		
City, State, Zip		Relationship			Work, Home, Cell			
PERSON RESPONSIBLE I Name, Mailing Address, City, State, Zip	PO BOX	LEASE PROVIDE Relations		ENTATION	Phone nun	CIAL P.O.A.) nbers with Area Code rk, Home, Cell		



**Covered Services:** 



## F

1.	Social Security	\$	
	•	<del>-                                    </del>	
	Pension	\$	
	Interest and Dividends	\$	
4.	Other Income (Describe)	\$	
•		\$	
;		\$	
MO	NTHLY TOTAL (Add lines 1 through 4:)	\$	
	AND LIABILITIES: Assets owned SOLEY by admitting applicant: Real Estate	\$	
1. 2.	All other assets (i.e., stocks, bonds,	Ψ	
۷.	mutual funds, savings accounts, Certificate of Deposits, etc.)	\$	
3.	Less: Off-Setting Liabilities	\$	
	Assets owned SOLELY by admitting applicant Id lines 1 & 2, subtract line 3)	\$	
В. <u>А</u>	Assets owned JOINTLY by admitting applicant a	nd other person(s):	
1.	Real Estate	\$	
2.	All other assets (i.e., stocks, bonds, mutual funds, savings accounts, Certificate of Deposits, etc.)	\$	
2	, ,		
Less: Off-Setting Liabilities     Net Assets owned JOINTLY by admitting applica		<u>\$</u>	
	d other person(S) (Add lines 1 & 2, subtract line 3)	\$	
C. C	Other assets in which the admitting applicant has ar	n interest (Describe property and inter	rest held

☐ Assisted Living

■ Nursing Home

☐ Home Health Care



The Gardens
Assisted Living
www.lutherparkcommunity.org

I certify that the information I have provided in the foregoing application is true and correct and that I am signing as the responsible party. I have either been authorized by the applicant to provide the information contained in this application or am acting as the applicant's guardian and/or conservator. I understand that The Gardens at Luther Park Community is relying on the accuracy of the information provided in this application in order to make a decision on admission. I understand and agree that any misrepresentation as to any information provided in this application is grounds for rejection of this application. I further understand and agree that if any misrepresentation as to any information provided in this application is discovered after admission, and admission would not have been granted if the correct information had been provided, or if it is discovered after admission that assets have been transferred which materially alter the applicant's personal net worth, The Gardens at Luther Park Community reserves the right to pursue any legal, equitable, or other remedies it may have against the applicant and/or responsible party signing the application below on behalf of the applicant.

I further understand that The Gardens at Luther Park Community is committed to promoting good health and safety among its residents and, therefore, **SMOKING BY RESIDENTS IS PROHIBITED ON FACILITY PROPERTY.** 

By:	
	SIGNATURE OF APPLICANT AND/OR RESPONSIBLE PARTY
Date:	



The Gardens at Luther Park Community Resident Information Data Sheet												
PATIENT NAME	ADDRI 2910 E. 16 Des Moines, Apt	5 <sup>th</sup> Street , IA 50316		E:	DOB:	AGE:	RACE:	SEX:	CODE STATUS:			
MARITAL STATUS:				DATE OF ADMISSION								
ALLERGIES:		DIAGNOSIS										
PHYSICIAN:					NTIST:							
PHONE:					ONE:							
FAX:				FAX								
PHARMACY: PHONE:				LE,	/EL OF CARE	:						
FAX:												
HOSPITAL PRE	FERNCE	NURSII	NG HOME									
		ETREFERENCE TONERAL FIONIE.										
DURABLE POWER	AL POWEF	ER OF ATTORNEY: GDS:										
EMERGENCY CONTACT												
NAME:					NAME:							
ADDRESS:					ADDRESS:							
HOME PHONE:					HOME PHONE:							
WORK PHONE:					WORK PHONE:							
CELL PHONE:					CELL PHONE:							
RELATIONSHIP:					RELATIONSHIP:							
MEDICARE:					MEDICAL INSURANCE:							