



## APPLICATION FOR RESIDENCY

### GENERAL INFORMATION

Resident's Name \_\_\_\_\_ Date \_\_\_\_\_

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

Telephone: ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Marital status: ( ) Married ( ) Divorce ( ) Single ( ) Separated ( ) Widow

Name of Spouse (if living): \_\_\_\_\_

Name of Living Children: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Medicare No. \_\_\_\_\_

65 Special Coverage Co. \_\_\_\_\_ No. \_\_\_\_\_

Pace Card No. \_\_\_\_\_ Effective Date: \_\_\_\_\_

Unit type & Number Reserved: \_\_\_\_\_

Furniture to be left in unit: \_\_\_\_\_

Move- In Date Projected: \_\_\_\_\_ Actual: \_\_\_\_\_

Reservation deposit received: \_\_\_\_\_ Check No. \_\_\_\_\_

Staff Making Reservations: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

**Sayre Personal Care Center**

1001 N. Elmer Ave., Sayre, PA 18840

Phone: 570-888-2858 | Fax: 570-888-2423 | Email: [manthony@seniorhealthpa.com](mailto:manthony@seniorhealthpa.com)

[www.seniorhealthpa.com](http://www.seniorhealthpa.com)



## APPLICATION FOR RESIDENCY

Is anyone other than yourself authorized to handle your financial and personal matters?  YES  NO

If yes, please give his/her name, address, telephone number, and indicate if they have Power of Attorney?

\_\_\_\_\_

Amount of Finances available? \_\_\_\_\_

Bank name, Telephone number and type of account:

\_\_\_\_\_

\_\_\_\_\_

Physician's name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Will the physician visit resident at Sayre Personal Care Center?  YES  NO

Person to contact in emergency:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Ambulance service used: Name, Address and telephone Number:

\_\_\_\_\_

Your religious preference: \_\_\_\_\_ Church: \_\_\_\_\_

Name of Clergy Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Pervious occupation: \_\_\_\_\_

Are there special concerns, fear habits or need which would help us work more effectively with the resident?

\_\_\_\_\_

\_\_\_\_\_

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How did you hear about us?

Newspaper    TV    Radio    Hospital referral

Social Media    Website    Google

Social Worker    Agency referral    Other

Referred by: \_\_\_\_\_

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