



**8. Education:** Highest Grade Completed \_\_\_\_\_ Name of School \_\_\_\_\_

**9. Occupation & Employment:**

Lifetime Occupation \_\_\_\_\_ Other Employment \_\_\_\_\_

**10. Religion:** Church Membership \_\_\_\_\_

Minister \_\_\_\_\_

Activities involved in \_\_\_\_\_

**11. Organizations involved in: Interests/Hobbies (include both past & present):**

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL EXAMINATION:**

When accepted as a Resident, I agree to undergo a medical examination based on the form required by The Sarah A. Reed Retirement Center. I understand that admission as a Resident is subject to the results of this examination together with any other or more detailed supplementary information required by the Medical Team.

**12. Physician:** \_\_\_\_\_

**Hospital Preference:** \_\_\_\_\_

**Dentist:** \_\_\_\_\_

**Podiatrist:** \_\_\_\_\_

**13. Living Will** \_\_\_Yes \_\_\_No

**Emergency Care Member:** \_\_\_Yes \_\_\_No

**Number** \_\_\_\_\_

**14. Glasses** \_\_\_Yes \_\_\_No

**Dentures** \_\_\_Yes \_\_\_No

**Hearing Aide** \_\_\_Yes \_\_\_No

**INSURANCE COVERAGE**

**15. Medicare Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Medicaid Number** \_\_\_\_\_

**16. Pace** \_\_\_Yes \_\_\_No

**Other Prescription Coverage** \_\_\_\_\_

**17. Supplemental Insurance Agreement Number** \_\_\_\_\_

**Supplemental Insurance Group Number** \_\_\_\_\_

**HMO** \_\_\_Yes \_\_\_No

**Name** \_\_\_\_\_

**18. Current Monthly Income:**

**Self**

**Spouse**

Social Security (net) \_\_\_\_\_ / Month \_\_\_\_\_ / Month  
Pension \_\_\_\_\_ / Month \_\_\_\_\_ / Month  
Salary or Wages \_\_\_\_\_ / Month \_\_\_\_\_ / Month  
Guaranteed Annuities \_\_\_\_\_ / Month \_\_\_\_\_ / Month  
Other Interest Income \_\_\_\_\_ / Month \_\_\_\_\_ / Month

**Bank Accounts:**

<b>Financial Institute</b>	<b>Type of Account</b>	<b>Balance</b>	<b>Self / Spouse / Joint</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**19. Stocks and Bonds:**

**Type of Security**

**Market Value**

**Self / Spouse / Joint**

<b>Type of Security</b>	<b>Market Value</b>	<b>Self / Spouse / Joint</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**20. Real Estate (Owned / Mortgaged – Circle One):**

**Location**

**Value**

**Self / Spouse / Joint**

<b>Location</b>	<b>Value</b>	<b>Self / Spouse / Joint</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**21. Life Insurance:**

**Company**

**Amount**

**Self / Spouse / Joint**

<b>Company</b>	<b>Amount</b>	<b>Self / Spouse / Joint</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**22. Debts & Obligations:**  
**Balance**

**Self / Spouse / Joint**

_____	_____
_____	_____
_____	_____

**23. Assets disposed of in last 3 – 5 years:**

\_\_\_\_\_

\_\_\_\_\_

**24. Funeral Director Name:**

\_\_\_\_\_

**Pre-Paid Funeral Arrangements**     Yes     No

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**25. Date of Desired Entrance:**    \_\_\_\_/\_\_\_\_/\_\_\_\_

**Accommodation Desired** \_\_\_\_\_

**Additional Remarks** \_\_\_\_\_

\_\_\_\_\_

**WAIVER OF RIGHTS OF PRIVACY:**

I understand that with processing this application, it is necessary that personal, medical, financial, and social information presented herein be made known to and verified by The Sarah A. Reed Retirement Center. Inquiries are hereby authorized, and all rights of privacy herein are hereby waived by me for this purpose.

**CERTIFICATION OF TRUTHFULNESS:**

According to the best of my knowledge, the information provided in this application is complete, accurate, and true.

\_\_\_\_\_  
Signature of Applicant or Responsible Party

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date