

**MAGNOLIA MANOR**

**6 REES DRIVE**

**WILLOW STREET, PA 17584**

**717-464-1237 (T)**

**717-464-9830 (F)**

**Magnoliamanor6@gmail.com**

**Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medicare Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Health Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Married\_\_\_\_\_\_\_\_ Single\_\_\_\_\_\_\_ Widowed\_\_\_\_\_\_\_\_ Divorced\_\_\_\_\_\_\_\_**

**Full Name of Husband or Wife \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address of Spouse (if living) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If Deceased Date of Death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where Buried \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Height \_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_ Glasses \_\_\_\_\_\_\_\_ Dentures \_\_\_\_\_\_\_ Hair Color\_\_\_\_\_\_\_\_\_**

**Primary Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List Your Children:**

**Name Address Phone**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Personal History**

 **Where have you lived most of your life? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Who do you live with now? Wife/Husband\_\_\_\_\_\_ Son/ Daughter\_\_\_\_\_\_ Alone\_\_\_\_\_\_**

 **Your profession, trade or occupation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Highest grade level attained in school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **List your hobbies and interests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Do you use tobacco? \_\_\_\_\_\_\_\_\_ Alcohol? \_\_\_\_\_\_\_\_\_ Narcotics? \_\_\_\_\_\_\_\_\_**

 **Have you applied to any other facilities? \_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_No**

 **Have you ever lived in another facility? \_\_\_\_Yes \_\_\_\_ No if so, Where\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Do you have a Power of Attorney appointed? \_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_ No**

 **If yes:**

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

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

 **Relation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Health History:**

 **Personal Physician’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Please indicate the following as excellent, good, fair, or poor:**

 **Hearing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eyesight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ambulation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Are you currently using a: cane \_\_\_\_\_\_\_ walker \_\_\_\_\_\_\_ wheelchair \_\_\_\_\_\_\_**

 **List your last hospitalization:**

 **Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please circle any of the following you have or did have:**

**Heart Disease High Blood Pressure Incontinence Cancer**

**Diabetes Low Blood Pressure Memory Loss Tuberculosis**

**Stroke Arthritis Confusion Cataracts**

**Paralysis Limb Impairments Parkinson’s Disease**

**Please circle any of the following you need assistance with:**

**Ambulating Dressing Finances Special Diet Eating**

 **Bathing Transportation Toilet Medications Laundry**

 **Housekeeping Grooming Telephone Use Interpreter Service**

**Sign Language**

**Are you or your spouse a veteran [ ] Yes [ ] No If so was it during war time? \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Information**

 **Persons to be contacted in case of emergency:**

 **Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_**

 **Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_**

 **Funeral Home to be notified at time of death**

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

 **Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name and Location of Cemetery\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Financial Statement: Please answer all questions**

**Indicate if this a joint financial statement of a couple or of an individual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assets Liabilities**

**Cash and Checking $\_\_\_\_\_\_\_\_\_\_\_\_ Notes payable $\_\_\_\_\_\_\_\_\_\_\_**

**Saving/ Money Maker Acct. $\_\_\_\_\_\_\_\_\_\_\_\_ Mortgages Payable $ \_\_\_\_\_\_\_\_\_\_**

**Certificates of Deposit $ \_\_\_\_\_\_\_\_\_\_\_\_ Other Debts $ \_\_\_\_\_\_\_\_\_\_**

**Stocks and Bonds $ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Real Estate Owned $ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Trust Account $ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Assets $ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Assets Available $ \_\_\_\_\_\_\_\_\_\_\_\_ Total Liabilities $\_\_\_\_\_\_\_\_\_\_\_**

**Miscellaneous Financial Data**

 **Life Insurance? Yes \_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_ Value $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Automobiles (make and model) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Source of Income (Monthly – Net)**

 **Social Security $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Pensions and Annuities $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Dividends and Interest $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Other Income $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Monthly Income $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby certify that the above information is correct and complete to the best of my knowledge. I understand that any misrepresentation could result in the forfeiture of my application or status as a resident of Magnolia Manor. I understand that this application does not obligate Magnolia Manor in any way and is submitted to be placed on file and that the above information is strictly confidential.**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Applicant or Power of Attorney**