



PARSONAGE COTTAGE SENIOR RESIDENCE
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PARSONAGE COTTAGE SENIOR RESIDENCE
A CONNECTICUT LICENSED RESIDENTIAL CARE HOME

Application for Admission:

Applicant's Name: _____ **Telephone:** _____
(Please Print) Last First Middle Maiden

Address: _____ **How Long?** _____
(Print street # street name) (mos. /year)

(City/Town) (State) (Zip)

Date of Birth: _____ **Age:** _____ **Sex:** _____ **Religion:** _____ **Place of worship:** _____
(mm/dd/year)

Physician's Name: _____ **Telephone:** _____

Physician's Address: _____
(Print) street number- street name-town-state- zip

Dentist's Name: _____ **Telephone:** _____

Dentist's Address: _____

Podiatrist's Name: _____ **Telephone:** _____

Podiatrist's Address: _____

Nearest Relative/Responsible Party: _____
Relationship: _____
Power of Attorney? Yes: _____ **No:** _____ **Conservator? Yes:** _____ **No:** _____ *(If "yes" to above, please attach a copy)*
Address _____
(Print) Street City/Town State Zip
Work Telephone: _____ **Home Telephone:** _____
Mobile: _____

Two persons to contact in event of emergency:

1. Name: _____ Relationship: _____ Address: _____ Telephone: _____ Mobile: _____	2. Name: _____ Relationship: _____ Address: _____ Telephone: _____ Mobile: _____
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Does the applicant have a living will? Yes: _____ No: _____ *(if "yes" please attach a copy)*
 Does the applicant have a health care agent? Yes: _____ No: _____ Name: _____

Social Security No: _____ / _____ / _____ **Medicare #:** _____
Medicaid #: _____ **Other insurance:** _____

Has the applicant applied for Title 19 assistance? Yes: _____ No: _____
 Has the applicant ever been a resident of any other home or institution? Yes: _____ No: _____
 If "yes", give name and address _____

PARSONAGE COTTAGE SENIOR RESIDENCE
Application for Admission

Health History

Has the applicant been hospitalized within the last 12 months? Yes: _____ No: _____

If "yes", when and why? _____

Medications: Can the applicant self medicate? Yes: _____ No: _____ self medicate under supervision? Yes: _____ No: _____

Medications: (Please list all medications)

Name of Medication:	Dose:	Frequency:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Hearing: Normal _____ Impaired _____ Deaf _____ Hearing aid – L _____ R _____
 Speech: Normal _____ Impaired _____
 Vision: Normal _____ Impaired _____ Eyeglasses _____

Ambulation: Independent _____ Cane _____ Walker _____ Other _____
 Ability to bathe self: Independent _____ Some Assist _____ Other _____
 Ability to dress self: Independent _____ Some Assist _____ Other _____
 Ability to feed self: Independent _____ Some Assist _____ Please explain _____
 Elimination patterns: Independent _____ Some Assist _____ Other _____

Problems with incontinence:

Bladder Never _____ Occasional _____ Always _____
 Bowel Never _____ Occasional _____ Always _____

Orientation: Lucid _____ Forgetful _____ Confused at Times _____ Disoriented _____

Is applicant being followed by a psychiatrist? Yes: _____ No: _____

Psychiatrist's Name: _____ Telephone: _____

Psychiatrist's Address: _____

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Education/Interests:

Highest Grade Completed: _____ Former Occupation: _____

Membership in Organizations: _____

Leisure Activities/Hobbies: _____

Special Interests and Skills: _____

Did the applicant serve in the military? Yes: _____ No: _____ Did spouse serve in the military? Yes: _____ No: _____

Veteran status & serial # _____

Family Information:

	<u>Children – Name</u>	<u>Address</u>	<u>Sex</u>	<u>Work Tel. – Home Tel.-cell</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Marital Status _____ Name of Spouse: _____
Occupation: _____

Father's Full Name: _____ Birthplace: _____

Mother's full Name: _____ Birthplace: _____

Burial Arrangements:

Funeral Director:

Name *Address* *Telephone:*

Special Considerations: (i.e. cremation, organ donations, special services, etc.)

Please refer to the attached page for rates.

**PARSONAGE COTTAGE SENIOR RESIDENCE
Application for Admission**

Applicant's Financial Statement:

Name _____ Date _____
Please Print: Last First Middle

Income:

	Social Security	\$ _____/mo.	
Pension	\$ _____/mo.	Source	_____
Annuity	\$ _____/mo.	Source	_____
Interest/Dividends	\$ _____/mo.	Source	_____
Veteran's Benefits	\$ _____/mo.	Source	_____
Other	\$ _____/mo.	Source	_____

Does the applicant receive income from or have any interest in a trust? Yes: _____ No: _____

If "Yes:" please describe and provide a copy of the trust instrument. _____

<u>Assets</u>	<u>Owned Individually</u>	<u>Owned Jointly</u>	<u>None Owned</u>	
<u>Value</u>				
Own Home	_____	_____	_____	\$ _____
Other Property	_____	_____	_____	\$ _____
Stocks/Bonds	_____	_____	_____	\$ _____
Mutual Funds	_____	_____	_____	\$ _____
IRA's/Keoughs	_____	_____	_____	\$ _____
Life Insurance	_____	_____	_____	\$ _____
Funeral Arrangements	_____	_____	_____	\$ _____
Other	_____	_____	_____	\$ _____

In the past 24 months, has the applicant sold, given away [as gifts] or transferred assets of any kind [i.e. motor vehicle, stocks, bonds, cash] for less than fair market value?

Yes: _____ No: _____

If "Yes:" please list all such transactions in excess of \$1,000. _____

PARSONAGE COTTAGE SENIOR RESIDENCE
Application for Admission
Applicant's Financial Statement, continued

Within the last 24 months, has the applicant created any trusts or placed any funds or other assets in a pre-existing trust? Yes: ___ No: ___

If "Yes:" please describe _____

Bank Accounts:

Include certificates of Deposit

Owner(s) of Account: _____ Present Balance: \$ _____
 Bank Name: _____ Bank Address: _____
 Bank Account Number: _____

Owner(s) of Account: _____ Present Balance: \$ _____
 Bank Name _____ Bank Address _____
 Bank Account Number _____

Owner(s) of Account _____ Present Balance \$ _____
 Bank Name _____ Bank Address _____
 Bank Account Number _____

Applicant's Signature/Responsible Party:	Print Name:	Date:

COMPLIANCE INFORMATION: (OPTIONAL)

The following information is needed for compliance with government selection requirement and for Equal Opportunity Housing reports. It will be detached when your application is filed and the information on it will not be considered in the selection process.

Sex (please check) Male _____ Female _____

Describe yourself in terms of one of the following groups:

_____ White (not of Hispanic origin) _____ Black (not of Hispanic origin) _____ Hispanic
 _____ Asian or Pacific Islander _____ American Indian or Alaskan Native