



Office Use Only  
Date Recv'd \_\_\_\_\_

### APPLICATION FORM FOR ADMISSION

Five Saint Elizabeth Way East Greenwich RI 02818 Telephone : 401-884-9099

The following is an application for admission to The Seasons East Greenwich. Increased requests for admission have made it imperative that this application be completed in full, and submitted by mail or person to be considered for admittance. Applications not fully completed will not be considered for admission. Criteria for admission is the same for all persons without regard to race, gender, national origin, physical or mental impairments. Please call with any questions regarding how to complete this application

### GENERAL INFORMATION

Applicant's Name \_\_\_\_\_  
(Salute) (First Name) (Middle Initial) (Last Name)

Address \_\_\_\_\_ Social Security \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone \_\_\_\_\_ Age \_\_\_\_\_

Present Residence is: Home \_\_\_\_\_ Apartment \_\_\_\_\_ Other \_\_\_\_\_

Marital Status \_\_\_\_\_ If married, then spouse's name \_\_\_\_\_

#### Primary Physician

Physician's Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

#### In Case Of Emergency Contact

##### First

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tele:(H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

##### Second

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tele:(H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

#### Financial Information

Medical Insurance: Type \_\_\_\_\_ Policy # \_\_\_\_\_  
(Blue Cross, Oceanstate, John Hancock, etc.)

Other Insurance Type \_\_\_\_\_ Policy # \_\_\_\_\_

Federal Medicare # \_\_\_\_\_ Part A \_\_\_\_\_ Part B \_\_\_\_\_  
(Write yes or no in the above.)

**Financial Resources**

Total assets including home \_\_\_\_\_(provide proof including last copy of tax return)

Your monthly income: Social Security \_\_\_\_\_ Pension: \_\_\_\_\_ Trusts: \_\_\_\_\_

Other: \_\_\_\_\_

**Financial Responsible Party**

*(Individual financially responsible with applicant for payment of account.)*

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Relationship \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

List All **Health Problems:** \_\_\_\_\_

\_\_\_\_\_

**Mobility:** \_\_\_\_\_Independent \_\_\_\_\_Cane \_\_\_\_\_Walker \_\_\_\_\_Self propelled Wheelchair

\_\_\_\_\_Other-explain: \_\_\_\_\_

\_\_\_\_\_

I need **Assistance** with:

\_\_\_\_\_Medication Administration \_\_\_\_\_Bathing \_\_\_\_\_Dressing \_\_\_\_\_Escort Service

\_\_\_\_\_Housekeeping & Laundry \_\_\_\_\_Incontinence Mgt.. \_\_\_\_\_Other-explain: \_\_\_\_\_

\_\_\_\_\_

I fully understand that this is just an application for the Seasons East Greenwich waiting list. ***Enclosed is a deposit check of \$1,000.00 made payable to the Seasons East Greenwich Inc.***

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_