

APPLICATION FOR RESIDENCY

(Misty Meadows holds all information in confidence.)

General Information

Today's Date: _____

Move in Date: _____

Applicant's Full Name: _____

Present Address: _____

City, State, Zip: _____

Telephone: _____

Emergency Contact

In case of an emergency please contact:

Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ Evening Phone: _____

Alternate Contact: _____

Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ Evening Phone: _____

MISTY
MEADOWS
SENIOR LIVING CENTER

APPLICATION FOR RESIDENCY

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Release of Medical Information:

In case of medical emergency, (i.e. ambulance, hospital services) I authorize Misty Meadows Senior Living Center to release the following medical information to outside medical services.

Signed: _____ Date: _____

Payment and Agreement Information

I (We) fully understand that I (we) must be physically, mentally and socially able to maintain myself (ourselves) as independent residents of Misty Meadows Senior Living Center.

I (We) fully understand that a \$100.00 application Processing Fee is a fee to cover the cost of processing this application.

SIGNATURE OF APPLICANT DATE

SIGNATURE OF APPLICANT DATE

DIRECTOR OF SALES DATE

CORPORATE REPRESENTATIVE DATE

ACCEPTANCE NUMBER