Form ID: _____

APPLICATION FOR RESIDENCY

(Hickory Estates holds all the following information in confidence.)

General Information

Today's Date: _____ Move in Date: _____ Move out Date: _____

Applicant's Full Name: _____ Birthdate: _____

Applicant's Full Name: _____ Birthdate: _____

Present Address: _____

City, State, Zip: _____

Telephone: _____

Emergency Contact

In case of an emergency please contact:

Name: _____ Relationship: _____

Is the above individual designated Power of Attorney or Guardian? _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ Evening Phone: _____

Alternate Contact: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ Evening Phone: _____

Health/Medical Information

Release of medical information:
In case of a medical emergency, (e.g., ambulance, hospital services), I authorize Hickory Estates to release medical information to outside medical services.

Signed: _____ Date: _____

HICKORY ESTATES
Memory Care

501 E. Jackson Pana, Illinois 62557 | aschmitz@panamemorycare.org | Office: 217.297.0123 Fax: 217.297.3054

Form ID: _____

Health/Medical Information (continued)

Known Illnesses: _____

_____

Known Allergies: _____

General Physician: _____ Phone: _____

Pharmacy: _____ Phone: _____

Ambulance Preference: _____ Phone: _____

Hospital Preference: _____ Phone: _____

Funeral Home Preference: _____ Phone: _____

Social Security Number: _____

Medicare Number: _____ Part A: _____ Part B: _____

Supplemental Insurance Information:

Name of Carrier: _____

Group Number / Policy Number: _____

Address: _____

City, State, Zip: _____

Phone: _____

Agreement Information

I (We) fully understand that the above information is correct.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

Hickory Estates Representative: _____ Date: _____

501 E. Jackson Pana, Illinois 62557 | aschmitz@panamemorycare.org | Office: 217.297.0123 Fax: 217.297.3054