

# *Willow View Home*

204 Herrville Road  
P.O. Box 219  
Willow Street PA 17584  
Phone (717) 786-5519  
Fax (717) 786-0942

[Mike@willowviewhome.com](mailto:Mike@willowviewhome.com)

## **Application For Admission**

Date \_\_\_\_\_

### **Family History**

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

Street \_\_\_\_\_

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

Social Security Number \_\_\_\_\_ Medicare No. \_\_\_\_\_

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

Name	Address	Phone

**Personal History**

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

With whom do you now live? 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 \_\_\_\_\_

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	Bathing	Eating
Transportation	Toilet	Medications	Housekeeping	Grooming	Laundry
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 \_\_\_\_\_

Funeral Home to be notified at time of death.

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

Address \_\_\_\_\_ Zip \_\_\_\_\_

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.** \_\_\_\_\_

<b>Assets</b>		<b>Liabilities</b>	
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	\$ _____	_____	_____
<b>Total Assets Available</b>	<b>\$ _____</b>	<b>Total Liabilities</b>	<b>\$ _____</b>

**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 Willow View Home. I understand that this application doe not obligate Willow View Home in any way and is submitted to be place on file and that the above information is strictly confidential.

Signed \_\_\_\_\_  
Applicant or Power of Attorney

Date \_\_\_\_\_