

Edenton Retirement Community
 5800 Genesis Lane, Frederick, Maryland 21703
 APPLICATION

Name _____
 Current Address _____
 City _____ State _____ Zip _____
 Telephone Number _____ Date of Birth _____
 Physicians Name _____ Telephone Number _____

If Resident has executed a Power of Attorney or if a Guardian has been appointed for a Resident, copies of Powers of Attorney or Guardianship Decrees must be provided to Provider prior to admission of the Resident.

Power of Attorney No _____ Yes _____ Whom _____
 Guardianship No _____ Yes _____ Whom _____

Any arrangement (financial, religious, name of preferred funeral Director, if any) the resident has made, or wishes to make with regard to burial.

Name _____
 Address _____

Relationship of person who agrees to claim the body of the resident, or who has agreed to assume funeral or burial responsibility.

Name _____
 Address _____

In Case of Emergency Contact:

Name _____
 Address _____ Phone _____

Name _____
 Address _____ Phone _____

List All Medical Diagnosis _____

List Current Medications

Medication	Dosage	Frequency

List any allergies _____

List dietary concerns _____

Appetite: good _____ fair _____ poor _____

Favorite Foods/Desserts _____

Any specific behaviors or cues to define a personal need? _____

Functional Status:	Self	Assist	Total	Specify
Feeding				
Bathing				
Toileting				
Oral Care				
Walking				

Elimination:

Bladder Cont. _____ Incont. _____
Special Cueing _____

Communication Deficits:

Hearing _____
Vision _____
Speech _____
Language _____

Prosthesis:

Glasses _____
Contacts _____
Hearing Aid _____
Dentures _____
Limb _____

Family History:

Where was individual born? _____
Where did they grow up? _____

Education: _____

Work History: _____

Marital Status: Single _____ Married _____ Widow _____ Other _____

**Children/Grandchildren
Names, Addresses & Ages:**

Resident Hobbies: _____

Resident Likes: _____

Resident Dislikes: _____

What Types of Music Resident Likes: _____

If the resident is coming from out of town, who would be a contact person that has been close to he/she?

Name _____ Phone _____
Relationship _____

Resident or the Resident's legally authorized representative hereby authorizes healthcare providers to release to Administration at Edenton any and all health care information requested by resident making application. This authorization shall be in effect for one (1) calendar year from the date that appears below. In addition, Resident or Resident's legally authorized representative hereby consents to independent evaluation of Resident by any provider designated by Edenton at its sole discretion at Resident's and Guarantor(s)' sole expenses.

Signature _____ Date _____

FINANCIAL STATEMENT

Name Social Security # _____

Co-Applicant Social Security # _____

Current Address

Landlord/Mortgage Co. Name
Address _____
Phone _____

Name(s) of person(s) who are financially responsible for cost of housing and care
Address _____
Home & Office Phone _____
Social Security # _____

Has a trust account been established and/or Power of Attorney or Guardianship conferred on the person(s) to be financially responsible? Yes _____ No _____ Whom _____

Note: If Resident has executed a Power of Attorney or if a Guardian has been appointed for the Resident, copies of Powers of Attorney or Guardianship Decrees must be provided to Provider prior To admission of the Resident.

Monthly Income		Assets (current balance of	
Social Security Benefits	\$	Savings Account(s)	\$
Retirement/Pension (source)	\$	Checking Account(s)	\$
	\$	Stocks	\$
Other (source)	\$	Bonds	\$
	\$	C.D.'s	\$
	\$	Other (describe)	\$
Annual Rental Income	\$		\$
Liabilities (describe)	\$		\$
	\$		\$
	\$		\$
Residence (if you own)	\$		\$
Value (approximate)	\$		\$
Mortgage (approximate)			

I hereby authorize release of any and all information regarding Resident's finances to Edenton Retirement Community. Initial _____.

I certify that the above information is accurate to the best of my knowledge and that it is representative only of the prospective resident.

Resident or Legally Authorized Representative

Date

EDENTON
RETIREMENT COMMUNITY

Date: _____

RE: CREDIT REPORT AUTHORIZATION

Applicant's Name: _____

Address _____

Social Security No. _____ Date of Birth: _____

I hereby authorize CBF Business Solutions, Inc. or it's agent, to furnish to Edenton any information it requests to complete my credit worthiness.

Signature



WAIT LIST CONFIRMATION

I, _____, hereby request to add my
name (s) to the wait list for: _____

- Edenton Cottage Independent Living
- Fiddler's Green Assisted Living
- Blossom Place Assisted Living
- Garden House Assisted Living

I understand that the deposit of \$300.00 is fully refundable should the length of time exceed my moving needs or my needs change before an apartment/cottage becomes available. When the apartment/cottage of my choosing becomes available and meets with my time frame for moving, I will have thirty days in which to begin paying on the apartment or take occupancy. This deposit will be applied to the first month's fees.

Prospective Resident/Responsible party

Date

Edenton Representative

Date

Date reserved _____

Check number _____

Check amount _____