

Opening Date: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Residence Address: \_\_\_\_\_

Mailing Address (if other) \_\_\_\_\_

Phone# \_\_\_\_\_ Group Home: \_\_\_\_\_

If you do not live alone, with whom do you live? \_\_\_\_\_

Percentage of Rent? \_\_\_\_\_ Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Sex: \_\_\_\_\_

**Case or Service Worker:** \_\_\_\_\_ Phone # \_\_\_\_\_

Agency: \_\_\_\_\_ Address: \_\_\_\_\_

Income Source: \_\_\_\_\_ Medicare Waiver Yes or No? \_\_\_\_\_

Employed? \_\_\_\_\_ Place of Employment? \_\_\_\_\_

Medicaid# \_\_\_\_\_ Other Insurance \_\_\_\_\_

Medicare# \_\_\_\_\_ A: Date: \_\_\_\_\_ B: Date: \_\_\_\_\_

Funeral Home: \_\_\_\_\_ Burial: \_\_\_\_\_ Plan: (Y/N) \_\_\_\_\_

Savings Acct: \_\_\_\_\_ Bal. \_\_\_\_\_ Checking Acct: \_\_\_\_\_ Bal \_\_\_\_\_

Guardian: \_\_\_\_\_

Comments: \_\_\_\_\_

Trust: \_\_\_\_\_

Next of Kin or Significant other: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Fathers Name: \_\_\_\_\_ SS# \_\_\_\_\_ B/D \_\_\_\_\_ Date of Death: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ SS# \_\_\_\_\_ B/D \_\_\_\_\_ Date of Death: \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Rent: \_\_\_\_\_ Utilities included: \_\_\_\_\_ Room/Board \_\_\_\_\_