

APPLICATION FOR RESIDENCY



2201 Flagg Road
Rochelle, Illinois 61068
(815) 561-4099 | SanGabrielAssistedLiving.com
email

GENERAL INFORMATION

Today's Date: _____ Move-in Date: _____ Move-out Date: _____
Applicant's Full Name: _____ Birthdate: _____
Present Address: _____
City, State, Zip: _____
Phone: _____

EMERGENCY CONTACT

In case of emergency, please contact: _____
Name: _____ Relationship: _____
Daytime Phone: _____ Evening Phone: _____
Address: _____
Email Address: _____

SECONDARY EMERGENCY CONTACT

Name: _____ Relationship: _____
Daytime Phone: _____ Evening Phone: _____
Address: _____
Email Address: _____

POWERS OF ATTORNEY

Name of Financial Power of Attorney: _____
Phone: _____
Name of Healthcare Power of Attorney: _____
Phone: _____

RELEASE OF MEDICAL INFORMATION

In case of medical emergency, (e.g., ambulance, hospital services), I authorize San Gabriel to release medical information to outside medical services. I also authorize San Gabriel to receive information about my (my loved one's) medical records from Doctors' offices, hospitals and other medical services.

Signed: _____ Date: _____

MEDICAL INFORMATION

Primary Diagnosis(es): _____

Known Allergies: _____
General Physician: _____ Phone: _____

INSURANCE INFORMATION

Medicare Number: _____ Part A: _____
Part B: _____
Social Security Number: _____
Supplemental Insurance Information: _____
Name of Carrier: _____
Group Number / Policy Number: _____
Address: _____
City / State / Zip: _____
Phone: _____

AGREEMENT INFORMATION

I attest that the above information is correct. I understand that my (my loved one's) health and general status will be reviewed regularly to ensure that San Gabriel continues to be an appropriate environment for me (my loved one).

Signed: _____ Date: _____

Signed: _____ Date: _____

San Gabriel Representative: _____ Date: _____