



Robbinswood Admission Application

I hereby make application to be considered as a member of Robbinswood Assisted Living Community and submit the following information for the consideration of my application. I understand that per state regulations, Robbinswood requires the following prior to admission: A history and physical not more than thirty (30) days old and a chest x-ray not more than ninety (90) days old. I also understand that there is a one-time, non-refundable admission fee of \$400.00.

Personal Information

Full Name: _____ Telephone: _____

Address: _____

Date of Birth: _____ Age: _____ Sex: _____ Marital Status: _____

Next of Kin:

Name: _____ Telephone: _____

Address: _____

Medical Information

Physician: _____ Telephone: _____

Address: _____

Current Medical Problems: _____

Current Medications: _____

Financial Information

Annual Income: \$ _____ Social Security #: _____

Includes:
Social Security \$ _____ Medicare #: _____

Pension: \$ _____ Medicaid #: _____

Checking Account: \$ _____ Supplemental Insurance #: _____

Savings: \$ _____ Carrier Name: _____

Other \$ _____ Address: _____

Are you presently receiving SSI or Medicaid Benefits? _____

Do you expect to apply for SSI or Medicaid Benefits? _____

I attest that all the information supplied as part of this application is to the best of my knowledge true and complete.

Signature: _____ Date: _____