



**Autumn Ridge, SLF  
Application for Residency**

**General Information**

(Autumn Ridge, SLF, holds all the following information in confidence.)

Today's Date: \_\_\_\_\_ Move In Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Emergency Contact**

In case of emergency (ICE), please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Is the above individual designated as Power of Attorney or Guardian? \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Health Medical Information**

**Release of medical information:**

In case of medical emergency (i.e., ambulance, hospital), I authorize Autumn Ridge, SLF, to release medical information to outside medical services and to contact my named ICE.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_



## Health Medical Information (continued)

Known Illnesses: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

General Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

Pharmacy Plan Carrier/ Address: \_\_\_\_\_

Medications (if not on file): \_\_\_\_\_

Ambulance Preference: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Part A or Part B

Supplemental Insurance Information:

Name of Carrier: \_\_\_\_\_

Group Number / Policy Number: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### Agreement Information

I fully understand that the above information is true and correct. I also understand that I must be physically, mentally and socially able to maintain myself as an independent resident of Autumn Ridge, SLF. I also agree to notify Management as given info changes.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

Autumn Ridge Representative: \_\_\_\_\_ Date: \_\_\_\_\_

DEVELOPED: 04/01/08 CD



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