



The undersigned hereby applies for residency to Glenmere and agrees to comply with all current and future policies and procedures of Glenmere.

PERSONAL INFORMATION

Applicant's Name Last:		First:	
Address			
City	State	Zip	
Telephone Number	Date of Birth	Age	Present Housing (apartment, private house, condo, etc.)

POWER OF ATTORNEY/GUARDIAN AND FAMILY INFORMATION

The following are the names, residences and phone numbers of any guardians, the holder(s) of my power of attorney and children. If no children, list interested relatives and friends.

1. Spouse/Power of Attorney (circle one)		Relationship:	
Address (include city, state, zip):			
Work Phone:	Home Phone:	Cell Phone:	
2. Spouse/Power of Attorney (circle one)		Relationship:	
Address (include city, state, zip):			
Work Phone:	Home Phone:	Cell Phone:	
3. Child/Relative/Friend		Relationship:	
Address (include city, state, zip)			
Work Phone:	Home Phone:	Cell Phone:	
4. Child/Relative/Friend		Relationship:	
Address (include city, state, zip):			
Work Phone:	Home Phone:	Cell Phone:	
5. Child/Relative/Friend		Relationship:	
Address (include city, state, zip)			
Work Phone:	Home Phone:	Cell Phone:	
6. Child/Relative/Friend		Relationship:	
Address (include city, state, zip)			
Work Phone:	Home Phone:	Cell Phone:	



GLENMERE

ASSISTED LIVING at *Cloverwood*

**Residency Application
Glenmere at Cloverwood**

INSURANCE INFORMATION

Social Security Number	Medicare Number	Medicaid Number
- -		
Medicare Part A	Yes [] No []	Medicare Part B
		Yes [] No []
Other Supplemental Insurance	Yes [] No []	Policy Number
		Group Number
Long Term Care Policy	Yes [] No []	Policy Number
		Contact Phone Number
		- -

If yes, please provide a copy of the long-term care policy for review of assisted living provisions and benefits.

FINANCIAL INFORMATION

<u>Monthly Income</u> 1. Social Security \$ _____ 2. Pension/Retirement \$ _____ 3. Other Income –please describe \$ _____ _____ _____ _____ _____	<u>Assets and Liabilities</u> 1. Savings & CDs \$ _____ 2. Stocks & Bonds \$ _____ 3. Trust & Estate Equities \$ _____ 4. Value of Real Estate \$ _____ 5. Address(es) of Real Estate \$ _____ Other Assets: \$ _____ Total Assets: \$ _____ Total Liabilities \$ _____
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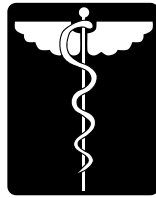
Is Real Estate owned by applicant, available for sale, and will sale proceeds be applied, if necessary, to fund residency at Glenmere? YES _____ NO _____ Value \$ _____

PERSONAL PROPERTY AND FINANCIAL ASSETS

Bank Account Type	Balance	Bank	City	Account Number
Bank Account Type	Balance	Bank	City	Account Number
Bank Account Type	Balance	Bank	City	Account Number



GLENMERE
ENRICHED LIVING at *Cloverwood*



ENRICHED HOUSING PROGRAM

CONFIDENTIAL HEALTH STATUS REPORT

HEALTH INFORMATION

Name _____ Date of Birth _____
Last Name First Name M.I. M/D/Y

1. Summary of Significant Medical Conditions, if any: _____

2. Current Listing of Medications: _____

3. Known Allergies: _____

4. Please briefly describe the assistance you would require.

5. Please list and describe the reasons for any periods of hospitalization, surgeries, or psychiatric illness, you have had in the past three years.

6. Please provide the name, address and telephone number of your primary care physician.

Physician _____

Address _____

Phone _____

7. Please list the names of any other physicians or health professionals you have seen in the last 12 months, and indicate their areas of specialty.

Physician _____ Area of Specialty _____

Address _____ Phone _____

Physician _____ Area of Specialty _____

Address _____ Phone _____

Physician _____ Area of Specialty _____

Address _____ Phone _____

I acknowledge that acceptance of my application for occupancy of a residence at Glenmere at Cloverwood will be determined by Cloverwood Senior Living, Inc. ("Sponsor") based on the information I provide to Sponsor. I further understand that, prior to approving my application for residency at Glenmere at Cloverwood, a written statement of health condition (form 3122) must be completed by a primary care physician and that the sponsor may request additional information concerning my health status. I hereby declare that all statements made herein and all other information I have provided to Sponsor in connection with my application for residency are true according to my best knowledge and belief.

Signature

Date