



Application for Residency

HUDSON MANOR ASSISTED LIVING

Davis Islands
115 E Davis Blvd * Tampa, FL 33606
(813) 254-8399 * License # 10528

Personal Information - Resident

Name _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Telephone () _____

Date of Birth _____ Social Security # _____

Marital Status _____ Veteran? Yes No

Current Housing: (check one)

own home live with companion rent live-in facility or special housing live with family

other (identify) _____

How long have you lived at your present address?

Retired? Yes No Date of retirement: _____

Most recent employer: _____

Occupation: _____

Residency Information

ASSISTED LIVING: (Please check)

- Semi-Private Water-view
 Private

Additional Information: _____

Desired Occupancy Date: (check one)

- I wish to be considered for the first available room.
 I wish to be placed on the waiting list, which means I do not desire the next available unit, but wish to have my name on the waiting list for future reference.

Personal Information – Responsible Party/Power of Attorney

**If Power of Attorney, please provide a copy with this application*

Name

Address

Apt. #

City

State

Zip

Telephone home:

work:

cell:

E-mail:

Date of Birth:

Social Security #

Health Information - Resident

How do you rate your overall health at present? excellent good fair poor unable to rate

List any current health problems:

List any significant past health problems, such as serious illnesses and major surgery:

Medications:

Name	How often
Strength	

Reason

Name	How often
Strength	

Reason

Allergies? Yes No (please list)

Personal Physician's Name:

Address

Telephone ()

Do you see other physicians? Yes No

Name

Reason

Name

Reason

Do you use any medical equipment or supplies? Yes No (If yes, please describe)

Do you have any speech, hearing, or visual problems? Yes No (If yes, please describe)

Glasses? Yes No

Can you read and write English? Yes No

Hearing aid? Yes No

Do you smoke or use tobacco? Yes No

Can you use the telephone? Yes No

Have you ever received treatment for nervous, emotional problems or depression? Yes No

For alcohol or drug abuse? Yes No

If yes to any of the above, please describe treatment and list dates:

Do you have a health care proxy? Yes No

Activity Information *For each category, enter the letter that best describes your ability.*

I – completely independent O- occasionally requires assistances

U – usually requires assistance C – unable or cannot

1. Walking	
2. Transferring from chair to bed	
3. Using Stairs	
4. Dressing	
5. Bathing	
6. Grooming	
7. Using toilet facilities	
8. Taking medication	
9. Eating	
10. Handling personal finances	

Financial Information – Resident

Name:

Social Security:

Hudson Manor promises to keep the information in this application confidential except for appropriate representatives of the company, and authorized governmental agencies having jurisdiction over this corporation.

Please list below the amount of income you receive from each of the following sources and whether this income is:

<i>Source of Income</i>	<i>Amount</i>	<i>How often</i>	<i>Source of Income</i>	<i>Amount</i>	<i>How often</i>
Social Security	\$		Dividend income	\$	
SSI	\$		Support from relatives	\$	
Pension	\$		Other	\$	
Annuity or IRA	\$		Other	\$	
Interest income	\$		Other	\$	

Please list below the approximate market value or actual value of each of the following assets you own.

<i>Real Estate Assets</i>	<i>Value</i>	<i>Investments</i>	<i>Value</i>
Residential home	\$	Stocks	\$
Other property or land	\$	Bonds	\$
Name in which property is held:		Mutual Funds	\$
Life insurance	\$	Other	\$

<i>Banking Assets</i>	<i>Value</i>	<i>Health Insurance – please list policy #</i>
Checking Accounts	\$	<input type="checkbox"/> Medicaid
Savings Accounts	\$	<input type="checkbox"/> Medicare Part A
Savings Certificates	\$	<input type="checkbox"/> Medicare Part B
Others	\$	<input type="checkbox"/> Others

Financial Information – Responsible Party/P.O.A.

Name:

Social Security:

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Please list below the approximate market value or actual value of each of the following assets you own.

<i>Real Estate Assets</i>	<i>Value</i>	<i>Investments</i>	<i>Value</i>
Residential home	\$	Stocks	\$
Other property or land	\$	Bonds	\$
Name in which property is held:		Mutual Funds	\$
Monthly Income	\$	Other	\$

<i>Banking Assets</i>	<i>Value</i>
Checking Accounts	\$
Savings Accounts	\$
Savings Certificates	\$
Others	\$

Authorization:

I hereby authorize the release of all credit information including but not limited to verification of income, as well as credit bureau reports, to you, or any of your agents or employees.

Declaration of Applicant

In completing this application for residency, I affirm that the answers to the above questions are complete and accurate to the best of my knowledge. I understand that the filing of this application does not guarantee me residency.

Applicant's Signature

Date