



Application for Residency

PERSONAL HISTORY

Name _____ S/S # _____

Name of Spouse _____ Living Deceased (date) _____

Address _____

Home Phone _____ Cell _____ E-mail _____

Date of Birth _____

Former Occupation _____ Former Employer _____

Nearest Living Relatives – Please list person to be notified in case of emergency first. Attach additional pages if necessary.

1. Name _____ Relationship _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Email _____

2. Name _____ Relationship _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Email _____

3. Name _____ Relationship _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Email _____

INSURANCE AND MEDICAL INFORMATION

Medicare Number _____ Medicaid # (if applicable) _____

Primary Insurance _____ Policy # _____

Secondary Insurance _____ Policy # _____

Prescription Drug Plan _____ Policy # _____

List any other accident and health insurance policies and numbers _____

LONG TERM CARE INSURANCE *(attach declaration page)*

Company Name _____ Daily Benefit _____ Maximum _____

LIFE INSURANCE

Company Name	Beneficiary	Annual Premium	Death Benefit
_____	_____	_____	_____

Name of Personal Physician _____

Address _____ Phone _____

Medical Conditions _____

Hospitalizations within the last 5 years, including date and reason: _____

Do you have a Will? Yes No Location _____

Do you have a Trust? Yes No Financial Institution _____

Name of Guardian/Power of Attorney _____

Address _____ Phone _____

Funeral Home _____ Cemetery _____

Church Member? Yes No Name of Church _____

Current membership in service and/or social clubs: _____

So that we may get to know you better, please tell us about your hobbies and special interests:

CONFIDENTIAL FINANCIAL INFORMATION

Please attach the first page of your tax return from the past two years. Joint applicants include combined assets and liabilities. Indicate if any assets are held individually.

ASSETS	INDIVIDUAL	JOINT	FINANCIAL INSTITUTION	CURRENT VALUE
Checking Account	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Certificate of Deposit	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Certificate of Deposit	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Investment Account	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Retirement Account	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Home	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other Major Assets	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other Major Assets	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
TOTAL ASSETS: \$				_____

LIABILITIES

Home Mortgage _____	Amount Owed: _____
Auto Loan _____	Amount Owed: _____
Other _____	Amount Owed: _____
TOTAL LIABILITIES \$	

NET WORTH (Assets Minus Liabilities)\$ _____

MONTHLY INCOME	NAME	RECIPIENT	AMOUNT
Social Security	_____	_____	_____
Social Security	_____	_____	_____
Pension	_____	_____	_____
Pension	_____	_____	_____
Annuity	_____	_____	_____
Investment	_____	_____	_____
Other	_____	_____	_____
TOTAL MONTHLY INCOME \$			_____

List all assets that have been transferred for less than the full value in the 5 years preceding the execution of this application. Attach additional pages if necessary. If none, initial here _____.

Have you completed a Transfer on Death (TOD) document? Yes No If so, attach a copy.

FAMILY OF SERVICES

Please check any previous relationship with Community First Solutions:

Colonial Schools Grandparent

Post Acute Care

Colonial At Home Client

Elements Member

Coach House Tavern & Grille Member

Other _____

None of the Above

ACCOMMODATIONS REQUESTED

Berkeley Square

Westover

Please indicate type and preference:

Home: One Bedroom Two Bedroom Three Bedroom

Apartment: One Bedroom Two Bedroom

Assisted Living: Studio One Bedroom Two Bedroom

Nursing: Private Semi Private

Special Care One Bedroom Two Bedroom Three Bedroom

Earliest date for moving to our Community _____

Please list any other special requests or considerations: _____

I hereby make application for residency at the Berkeley Square or Westover community and affirm that my answers on this application are true and fairly represent the facts.

Signature of Applicant

Date

Berkeley Square
100 Berkeley Drive
Hamilton, Ohio 45013
(513) 896-8080



Westover
855 Stahlheber Road
Hamilton, Ohio 45013
(513) 844-8004

www.Community-First.org

Approved By: _____

Date _____