



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

COMMUNITY FIRST SOLUTIONS

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

Residency Application Co-Applicant

PERSONAL HISTORY

Name _____ S/S # _____

Name of Spouse _____ Living Deceased (date) _____

Address _____

E-mail _____

Date of Birth _____ Home Phone _____ Cell _____

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:

