



ST. LEONARD

A FRANCISCAN LIVING COMMUNITY

Date: _____

St. Leonard does not discriminate against prospective residents or base its admission decisions on the basis of race, religion, age, sex, national origin, handicap, or payment source.

PERSONAL

Name _____
 Street _____
 City _____ State _____ Zip _____
 Home Phone _____
 Cell Phone _____
 Date of Birth _____
 Previous Occupation _____
 Social Security Number _____
 Email Address _____

Marital Status:
 Single Married Widowed Divorced
 Spouse's Name _____
 Cell Phone _____
 Date of Birth _____
 Anniversary Date _____
 Previous Occupation _____
 Social Security Number _____
 Email Address _____

Are you a Veteran: YES ~~XXXXXX~~ NO

Branch Served _____

INTEREST: *(Please check all that apply)*

Independent Living Assisted Living Skilled Nursing Adult Day Services Respite Care
 Alzheimer's/Memory Care Tax Credit Housing

EMERGENCY CONTACT INFORMATION

Name _____ Relationship to Resident _____
 Street _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Cell Phone _____

CHILDREN *(please attach additional sheet if necessary)*

Name _____
 Street _____
 City _____ State _____ Zip _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____

Name _____
 Street _____
 City _____ State _____ Zip _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____





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REFERRAL SOURCE: (Please check all that apply)

Community Reputation Newspaper Direct Mail Website Seniors Guide Physician
 Friend or Relative Resident If yes, whom? _____ Other _____

ASSETS (List fair market value of all assets)

MONTHLY INCOME (List all monthly sources of income)

Real Estate \$ _____
 Other Real Estate \$ _____
 Balance of Checking / Savings \$ _____
 Money Markets / CDs \$ _____
 Stock & Bonds \$ _____
 Mutual Funds \$ _____
 Cash Value of Life Insurance \$ _____
 Other Investments \$ _____
Total Value of Assets \$ _____
Total Liabilities \$ _____
Net Worth \$ _____

	Resident	Spouse
Social Security	\$ _____	\$ _____
Pension / Retirement Income	\$ _____	\$ _____
Annuity	\$ _____	\$ _____
Investment Income / Dividends	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total Monthly Income	\$ _____	\$ _____
Annual Adjusted Gross Income	\$ _____	

I ATTEST THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE RECEIVED A COPY OF THE "NOTICE OF PRIVACY PRACTICES."

Applicant/POA _____ Date _____
 Co-Applicant _____ Date _____
 Witness _____ Date _____
 Executive Director _____ Date _____

St. Leonard Use ONLY

Independent Living _____ Assisted Living _____ Health & Rehabilitation Center _____
 Independent Living Unit Type _____ Status: Ready / Not Ready

