Ohio Living
FAITH + COMPASSION + COMMUNITY

ASSISTED LIVING APPLICATION FOR RESIDENCY TO OHIO LIVING _____

(Please complete one application per person)

Applicant Last Name	First	Middle	Name you prefer to be called

SS Number	Date of Birth	Place of Birth	US Citizen
			❑ Yes ❑ No

Marital Status	Spouse Name	Are you or is a member of your applicant household a military veteran?
❑ Never married ❑ Widowed ❑ Married ❑ Separated ❑ Divorced		❑ Yes ❑ No ❑ Unknown

Employer	Lifetime Occupation	Referred By

Addresses

Current Address	Street Address			
	City, State		Zip	
	County			
	Home Phone		Cell	
	Email Address		Work	
			Fax	

Emergency contact #1	Name			❑ Mr ❑ Mrs ❑ Miss ❑ Ms ❑ Dr ❑ Rev
	Relationship			
	Street Address			
	City, State			
	Zip		Cell	
Office Use Only	Home Phone		Work	
❑ S ❑ NL	Email Address		Fax	

Emergency contact #2	Name		Relationship	
	Street Address			
	City, State		Zip	
	Home Phone		Cell	
Office Use Only	Email Address		Work	
❑ S ❑ NL			Fax	

Assisted Living Application for Residency

Emergency contact #3	Name			Relationship
	Street Address			
	City, State		Zip	
	Home Phone		Cell	
Office Use Only	Email Address		Work	
❑ S ❑ NL			Fax	

Billing Information	Name			Relationship
	Street Address			
	City, State		Zip	
	Home Phone		Cell	
Office Use Only	Email Address		Work	
❑ S ❑ NL			Fax	

Other Information

Preferred Funeral Home	Name			
	Address			
	City, State		Zip	
	Phone			

Attending Physician	Phone

Resident Disclosure

I have ☐ * have not ☐ been convicted of a felony in the past 20 years, and/or been required to be registered for commission of a sexual offense.

***** If you marked "have" above, please briefly explain: _____

_____

_____

Signature of Applicant or Responsible Party

_____/Date_____

Office use ONLY after Acceptance of Applicant

Date	Type	Amount Received	Admission Information	
	Entrance Fee Deposit		Physician	
	Security Deposit		Adm Date	Room #
			Race	AI As B H W