

Contact(s) other than children:

NAME	ADDRESS	TELEPHONE

I am physically able to care for myself _____.

Primary Care Physician _____

Dentist _____

Foot Doctor _____

Eye Doctor _____

Psychiatrist _____

Pharmacy _____

Funeral Home _____

	NAME	ADDRESS	TELEPHONE
Health Care Power of Attorney			
Financial Power of Attorney or			
Responsible Party			

Interest:

- Shelter Care
- Nursing Care

- Cottage
- Alzheimer's/Dementia Care

- At once.
- Within _____ years.
- For future need

I am seeking admission because: _____

Education

	NAME	YEARS
Grade School		
High School		
College		
Other Training		

Work Experience

WHERE EMPLOYED	KIND OF WORK	YEARS

Hobbies _____

Interests _____

Significant Life Experiences _____

I certify that the information called for herein is complete, honest and accurate. I will agree to keep The Good Samaritan Home informed at all times of any change of address, condition, or plans.

Signature of Applicant _____ Date _____