



mapleknoll
VILLAGE

APPLICATION FOR RESIDENCY AT MAPLE KNOLL VILLAGE (CO-APPLICANT)

Personal Data information

Name _____ Social Security Number _____

Address _____ E-Mail _____

Home Phone _____ Cell Phone _____

Birth Date _____ Birth Place _____

Marital Status: M S W D Former Occupation _____

Former Employer _____ Veteran: Yes or No Branch _____

Would you like information about possible veteran benefits available to you? Yes or No

Notify in Case of Emergency:

Name _____ **Relationship** _____

Address _____

Home Phone _____ Cell Phone _____ E-Mail _____

Name _____ **Relationship** _____

Address _____

Home Phone _____ Cell Phone _____ E-Mail _____

Name _____ **Relationship** _____

Address _____

Home Phone _____ Cell Phone _____ E-Mail _____

Tell Us About Yourself

Hobbies and Special Interests (check all that apply)

Gardening Dance Golf Fishing Reading Puzzles Cooking
 Painting Woodworking Hiking Collecting Sports Volunteering
 Fitness Yoga Swimming Arts/Crafts Traveling Music Instruments
Other _____

Hometown _____ Religion _____
Church _____ Pets _____
Favorite Food _____ Favorite TV Show _____
Favorite Restaurant _____ Favorite News Station _____

Do you use a smart device? Check all that apply:

Smart Phone Tablet Computer Smart Watch Smart Doorbell
 Amazon Alexa/Echo Smart Thermostat Smart Speaker

Do you still travel? Yes or No

Favorite Place you have traveled to? _____

Do you currently belong to a gym or fitness club? Yes or No

If so, where do you belong? _____

Are you involved in a local art or community group? Yes or No

If so, where are you involved? _____

Are you interested in volunteering at Maple Knoll Village? Yes or No

If so, what interests you? _____

What are you most excited to try at Maple Knoll Village? _____

What would you like to see added at Maple Knoll Village? _____

What would make this transition a smooth process for you? _____

Are you interested in Maple Knoll Village connecting you with residents who share similar interests? Yes or No

Medical and Insurance Information

Medicare Number _____

Are you a member of a Medicare HMO? Yes ___ No ___

If Yes, Company Name _____ Policy Number _____

Address _____

Supplemental Health Insurance: Company _____

Policy Number _____

Address _____

Long Term Care Insurance: Company Name _____

Current Monthly Benefit _____ Years of Benefit _____

Skilled Care: ___Yes ___No

Assisted Living: ___Yes ___No

Prescription Drug Plan _____ Policy Number _____

Pharmacy _____ Phone Number _____

Primary Physician Name _____ Phone Number _____

Address _____

Medical Conditions _____

Hospitalizations within the last 3 years (include any skilled nursing home stays) _____

Church _____ Pastor _____

Funeral Home _____ Phone _____

Please check any of the following legal documents you have:

___ Living Will _____ Power of Attorney

___ Will _____ Trust

Name of Power of Attorney _____

Address _____

Phone _____

****Please provide photocopies of Social Security, Medicare and co-insurance cards. Copy both sides of cards. If applicable, please provide photocopies of Living Will and Power of Attorney. Photocopies of these cards and documents can be made at the Maple Knoll Village Visitor Center****