



Saint Elizabeth Community
Where RI seniors come first

Contact Information of Relative or Responsible Party

Name _____ Phone # (H) _____ (W) _____

Address _____ City/Town _____

State _____ Zip _____ Relationship _____

E Mail Address _____

Financial Power of Attorney (please include a copy of the POA)

Name _____ Phone _____

Relationship _____

Healthcare Power of Attorney (please include a copy of the POA)

Name _____ Phone _____

Relationship _____

Physician

Primary Care Physician _____ Phone _____

Address _____

Financial / Billing Information

Health Insurance (please provide copies of all cards)

Social Security	# _____		
Federal Medicare	# _____	Medicare Part B	Yes No
State Medicaid	# _____		
Other (name)	_____	# _____	



Saint Elizabeth Community
Where RI seniors come first

Current Monthly Income

	Amount
Social Security	_____
Pension	_____
Stocks and Bonds	_____
Investment Income	_____
VA Benefits	_____
Other	_____

Capital Assets (including holdings jointly held)

(Please provide current account statements or a certified letter from a bank official for all financial assets)

	Amount
Checking Account	_____
Savings Account	_____
Real Estate (owned and mortgaged)	_____
Life Insurance (list value)	_____
Other	_____

I fully understand that this is just an application for the waiting list. I also understand that medical information will be required prior to placement.

Applicant/Responsible Name (please print) _____

Signature of Applicant/Responsible Party _____

Date _____

IMPORTANT!

PLEASE NOTE THAT THE FOLLOWING DOCUMENTS MUST BE PROVIDED IN ORDER FOR THE APPLICATION TO BE COMPLETE

POWER OF ATTORNEY

- If the applicant has a Power of Attorney for health or financial, please include a copy with the application.

VERIFICATION OF ASSETS

- Please provide current account statements or a certified letter from a bank official for all financial assets

INSURANCE CARDS

- Please provide copies of all insurance cards

THANK YOU!