



480 Donald Street, Bedford, NH, 03110
Phone: 603-627-4147 x129 | Fax: 603-644-3716

CONFIDENTIAL APPLICATION FOR ADMISSION

Please complete this form and return to the Admissions Director at the address or fax number listed above.

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: [ ] M [ ] F
Address: \_\_\_\_\_ Now Residing at: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Veteran: [ ] Y [ ] N If yes, which Branch? \_\_\_\_\_

Social Security #: \_\_\_\_\_ Medicare #: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

Other Insurance Coverage Company & Policy #: \_\_\_\_\_

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Name of Responsible Party: \_\_\_\_\_ Relationship: \_\_\_\_\_
Address: \_\_\_\_\_ Email: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Applicant's Medical Diagnosis: \_\_\_\_\_
Allergies: \_\_\_\_\_

Does the Applicant have problems with: (If yes, please explain)
[ ] Walking [ ] Talking [ ] Hearing [ ] Seeing [ ] Remembering [ ] Dressing [ ] Bathing

Please Explain: \_\_\_\_\_

Is Applicant on a Special Diet: \_\_\_\_\_

Please list any interest or hobbies the applicant has: \_\_\_\_\_

\_\_\_\_\_



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Applicant's Religious Preference: \_\_\_\_\_

Has Applicant made burial arrangements? [ ] No [ ] Yes Name of Funeral Home: \_\_\_\_\_

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CONFIDENTIAL Bank Accounts: (Savings & Checking - identify bank and balance)

\_\_\_\_\_\$ \_\_\_\_\_
\_\_\_\_\_\$ \_\_\_\_\_
\_\_\_\_\_\$ \_\_\_\_\_

Stocks & Bonds - Approx. Value: \_\_\_\_\_ Other Capital Assets - Approx. Value: \_\_\_\_\_

Does the Applicant own Life Insurance: [ ] No [ ] Yes Cash Value: \_\_\_\_\_

Does the Applicant own Real Estate: [ ] No [ ] Yes Cash Value: \_\_\_\_\_

Debt, if any: \_\_\_\_\_ Trusts: \_\_\_\_\_

Applicant's Monthly Income: \_\_\_\_\_ Social Security: \_\_\_\_\_

VA Benefits: \_\_\_\_\_ Rental Income: \_\_\_\_\_

Other Income & Sources: \_\_\_\_\_

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To the best of my knowledge, I declare that all the statements above are true.

\_\_\_\_\_  
Signature of Applicant or Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date