



Marymount Place  
5100 Marymount Village Drive  
Garfield Heights OH 44125  
Assisted Living Retirement Community

## APPLICATION FOR RESIDENCE

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last Middle First

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_

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

Medicare RX Plan: \_\_\_\_\_ ID #: \_\_\_\_\_

RX Bin: \_\_\_\_\_ RX PCN: \_\_\_\_\_ RX Group: \_\_\_\_\_

Medical Insurance Company Name: \_\_\_\_\_

Insurance Co. Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Financial Power of Attorney: Yes \_\_\_\_\_ No \_\_\_\_\_ Name: \_\_\_\_\_

Health Care Power of Attorney: Yes \_\_\_\_\_ No \_\_\_\_\_ Name: \_\_\_\_\_

Living Will: Yes \_\_\_\_\_ No \_\_\_\_\_ DNR: Yes \_\_\_\_\_ No \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_ Pharmacy Phone: \_\_\_\_\_

Do you presently own a home? \_\_\_\_\_ Rent? \_\_\_\_\_

Will you drive your own car? Yes \_\_\_\_\_ No \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

**EMERGENCY CONTACTS:**

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email address \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email address \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email address \_\_\_\_\_

Who will be responsible for your account? Self: Yes \_\_\_\_\_ No \_\_\_\_\_

Responsible Party: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

The Village at Marymount/Marymount Place requires a \$100 non refundable application fee. Additionally, a refundable security deposit equal to the current Assisted Living I rental fee will be processed on your first invoice.

You have the right to cancel this reservation at any time before signing a Resident's Agreement. Applications are subject to review and approval.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Application