

# LECOM

SENIOR LIVING CENTER

## APPLICATION FOR ADMISSION

5535 Peach Street, Erie, PA 16509

(814) 868-3888

Our mission is to assist our residents in living their lives to their fullest potential.

**Name:**

**Date of Birth:**

**Age:**

**Sex:**

**Address:**

**Phone:**

**Social Security #:**

**Marital Status:**

**Name of Spouse:**

**Religious Preference:**

**Current Physician:**

**Do you have a Living will?**

**YES**

**NO**

- If yes please include a copy.

**Do you have a Power of Attorney?**

**YES**

**NO**

- Address and Phone:

**Do you have an irrevocable burial account?**

**YES**

**NO**

**Funeral Home/ Address:**

**Are you a Veteran of the Military?**

**YES**

**NO**

- If yes which branch?

- If no, was your spouse

**YES**

**NO**

### EMERGENCY CONTACTS:

**NAME**

**RELATIONSHIP**

**ADDRESS**

**PHONE**

1.

2.

3.

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**HEALTH INSURANCE: Indicate all coverage and please provide copies of cards.**

Medicare #:

Medicaid #:

Long Term Care Insurance:

Other:

**GENERAL HEALTH INFORMATION:**

Surgeries:

Medications:

Diagnosis:

**FINANCIAL:**

Monthly Income: Gross Income Amount

- Social Security
- Pension
- VA Benefits
- Other

Assets:	Names on Accounts	Balance
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- Checking
- Savings
- Real Estate
- Stocks
- Bonds
- CD's
- Automobiles

Has the applicant transferred any assets or created any trust funds (i.e, gifting, real estate, bank accounts, etc) in the last 60 months (5 years)	YES	NO
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Liabilities:

- Mortgage
- Credit Cards
- Loans

Life Insurance:

Company:

Policy:

Who Owns the Policy:

Face Value:

Current Cash Value:

Has the applicant ever been convicted of a felony?	YES	NO
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If yes, give details:

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**CIVIL RIGHTS: Admissions, the provisions of services and referrals of residents shall be made without regard to race, color, religious creed, disability, ancestry, national origin, and /or gender. I certify that the information contained herein, to the best of my knowledge, is accurate and true and that I give LECOM Senior Living Center the authority to check and verify this information.**

**Signature of Applicant/Power of Attorney/Responsible Party**

**Date**

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