

CLARK RETIREMENT COMMUNITY



Application for Residency

PERSONAL INFORMATION

Name _____

Address _____

E-mail Address _____

Phone () _____

Date of Birth _____

Place of Birth _____

Social Security Number _____

Education Level _____

Former Occupation _____

Marital Status Married Single Divorced Widowed

Name of Spouse _____

Living / Anniversary Date

Deceased

Person to be notified about moving to Clark if other than applicant.

Name _____

Home phone () _____

Address _____

Cell Phone () _____

City / State / Zip _____

Work Phone () _____

E-mail Address _____

Church Affiliation

Denomination _____

Address _____

City / State / Zip _____

Name of Pastor _____

Phone () _____

Would you like to be on?

Immediate List (Will move to Clark when accommodation becomes available)

Future List (Not quite ready to move to Clark)

TYPE OF HOUSING

INDEPENDENT LIVING

TOWNE HOMES

Franklin Towne Homes 1 Bedroom 2 Bedroom

Keller Lake Towne Homes 2 Bedroom

Franklin Duplex or Fourplex 1 Bedroom 2 Bedroom

APARTMENTS

Franklin 1 Bedroom 2 Bedroom

Keller Lake 1 Bedroom 2 Bedroom

STUDIOS & SUITES (FRANKLIN CAMPUS)

Studio Room

Studio with kitchenette

Suite with kitchenette

ASSISTED LIVING

Franklin Assisted Living

Franklin Dementia Services

Keller Lake Assisted Living

Keller Lake Dementia Services

SKILLED NURSING (FRANKLIN CAMPUS)

Skilled Nursing & Rehabilitation Services

Skilled Nursing Dementia Services

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INSURANCE INFORMATION

Primary Insurance/Medicare _____ **Policy/Medicare #** _____

Other Health Insurance / Type Of Insurance _____

Name of Insurance Company _____ **Phone ()** _____

Insurance Policy Number _____

Billing Address _____

Long Term Care Insurance _____

Name of Insurance Company _____ **Phone ()** _____

Insurance Policy Number _____

Amount of Coverage _____ **Length Of Coverage** _____

Billing Address _____

How did you hear about Clark Retirement Community? _____

Why did you select Clark? _____

Do you know someone who lives here? No Yes If yes, who? _____

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EMERGENCY CONTACTS

Clark recommends that residents designate a durable power of attorney (DPOA) and a health care power of attorney which is called a Patient Advocate in Michigan.

Please list each person, their level of responsibility (DPOA and/or Patient Advocate) and the order you wish them contacted in the event of an emergency. You give Clark permission to share health information with these individuals.

Name _____ Responsibility _____

Address _____

City / State / Zip _____

E-mail Address _____ Phone () _____ Cell Phone () _____

Name _____ Responsibility _____

Address _____

City / State / Zip _____

E-mail Address _____ Phone () _____ Cell Phone () _____

Name _____ Responsibility _____

Address _____

City / State / Zip _____

E-mail Address _____ Phone () _____ Cell Phone () _____

Funeral Home Preference _____ Phone () _____

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INDIVIDUAL CONFIDENTIAL INFORMATION

ASSETS

Checking Accounts	Saving Accounts
Certificates of Deposit \$	Money Markets \$
Trusts \$	Stocks \$
Bonds \$	Mutual Funds \$
Real Estate \$	Other Major Assets \$
	Total Assets \$

LIABILITIES – LONG-TERM LOANS, MORTGAGES

Home Mortgages \$	Auto Loans \$
Other \$	
	Total Liabilities \$
	Net Worth \$ (Assets minus liabilities)

MONTHLY INCOME / EXPENSES

Social Security Income \$	Investment Income \$
Annuities Income \$	Pensions Income \$
Long-Term Care Insurance Income \$	
Out-of-Pocket Medical Expenses \$ (Medicine, Medical Supplies, Other)	

I hereby make my application to Clark Retirement Community and affirm that my answers on this application are true and fairly represent the facts. The assets listed above are pledged for the care of the applicant.

Signature of Applicant _____ Date _____

Please mail your completed application along with a non-refundable processing fee of \$250 per person to:

Resident Application
Clark Retirement Community
1551 Franklin Street, SE
Grand Rapids, MI 49506

The \$250 processing fee is not required if you are applying for skilled nursing care in the Keller Center.

Clark Retirement Community	Franklin Campus 1551 Franklin Street, SE Grand Rapids, Michigan 49506	Keller Lake Campus 2499 Forest Hill, SE Grand Rapids, Michigan 49546	616-452-1568 telephone 800-770-1117 toll free 616-452-0428 facsimile www.clarkretirement.org
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