



Application for Residency

Name:			
Address:			
Date of Birth:		Phone:	
Social Security #:		Medicaid:	
Medicare:		SSI Recipient:	Yes _____ No _____
US Citizen:	Yes _____ No _____	Marital Status	
Primary language:		Occupation	
Smoker:	Yes _____ No _____	Residency:	Rent Own Live w/Family Other
Do you have Homecare?	Yes _____ No _____	How many times per day/week?	
Burial Arrangements?			
Do you have:	Health Care Proxy	Living Will	Long Term Insurance Health Insurance
Emergency Contact Information			
Name:			
Relationship:			
Address:			
Phone Number:			
Physician Information			
Physician Name:			
Phone Number:			
Address:			
Medical History			
MEDICAL HISTORY:		MEDICATIONS:	
<p>I understand that by filling out this application does not guarantee an apartment in the Boulevard ALP or a place on the waitlist. Acceptance to the ALP is based upon medical and financial eligibility and approval. Boulevard ALP is an Equal Housing Opportunity facility. I claim that the information above is correct and I give the Boulevard ALP Permission to verify the above information.</p>			
Print Name:		Date:	
Signature:			