



## AUBURN COURTS ASSISTED LIVING APPLICATION FOR ADMISSION

ALL PROGRAMS AND SERVICES SHALL BE MADE AVAILABLE WITHOUT REGARD TO RACE, COLOR, CREED, GENDER, NATIONAL ORIGIN OR OTHER UNLAWFUL GROUNDS  
The undersigned hereby applies for admission as a resident to Auburn Courts and agrees, if admitted, to comply with all current and future policies and procedures of Auburn Courts.

### PERSONAL INFORMATION

**Applicant's Name**

**Address** (Apartment? Private home? Condo? Nursing Home? Assisted Living? Other \_\_\_\_\_)

**Street**

**City, State, Zip**

Telephone Number

Date of birth

Age

Male or Female

Marital Status: M S D W

### POWER OF ATTORNEY/GUARDIAN AND FAMILY INFORMATION

The following are the names, ages, residences and occupations of my guardian, the holder of my power of attorney, and of all my children. If no children, list interested relatives and friends.

1. **Guardian/Power of Attorney** (circle one)

Age

Relationship

Spouse's Name

Call me for: \_\_\_ emergencies \_\_\_ financial \_\_\_ healthcare \_\_\_ personal

Address (Include City, State and Zip)

Occupation/Employer

Work Phone

Home Phone

Email address

2. **Name**

Age

Relationship

Spouse's Name

Call me for: \_\_\_ emergencies \_\_\_ financial \_\_\_ healthcare \_\_\_ personal

Address (Include City, State and Zip)

Occupation/Employer

Work Phone

Home Phone

Email address

3. **Name**

Age

Relationship

Spouse's Name

Call me for: \_\_\_ emergencies \_\_\_ financial \_\_\_ healthcare \_\_\_ personal

Address (Include City, State and Zip)

Occupation/Employer

Work Phone

Home Phone

Email address

4. **Name**

Age

Relationship

Spouse's Name

Call me for: \_\_\_ emergencies \_\_\_ financial \_\_\_ healthcare \_\_\_ personal

Address (Include City, State and Zip)

Occupation/Employer

Work Phone

Home Phone

Email address

