

DURGIN PINES

Application for Admission



**9 Lewis Road
Kittery, ME 03904**

**Phone: 207-439-9800
Fax: 207-451-9104**

General Information

Resident Name *	<input type="text"/> <small>First</small>	<input type="text"/> <small>Last</small>	
Date of Birth *	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address	<input type="text"/>		
City	<input type="text"/>		
State/ Zip	<input type="text"/> <small>State</small>	<input type="text"/> <small>Zip</small>	
Country	<input type="text"/>		
Phone	<input type="text"/>		
Email Address	<input type="text"/>		
Marital Status	<input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Widowed <input type="radio"/> Divorced		
Social Security #	<input type="text"/>		
Religion	<input type="text"/>		

Person To Notify in Case of Emergency

Has anyone been appointed Power of Attorney or Guardian? *	<input type="radio"/> No <input type="radio"/> Yes <i>(if Yes, please provide a copy of document)</i>	
POA/ Guardian Name	<input type="text"/>	
Please describe relationship of this POA/ Guardian	<input type="text"/>	
POA/ Guardian Address	<input type="text"/>	
POA/ Guardian Phone	<input type="text"/> <small>Home</small>	<input type="text"/> <small>Work</small>

Emergency Contact #1

Name *	<input type="text"/>	
Relationship to Resident *	<input type="text"/>	
Address *	<input type="text"/>	
Phone *	<input type="text"/> <small>Home</small>	<input type="text"/> <small>Work</small>

Emergency Contact #2

Name	<input type="text"/>
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Relationship to Resident	<input type="text"/>
Address	<input type="text"/>
Phone	<input type="text"/> <input type="text"/> <small>Home Work</small>
Emergency Contact #3	
Name	<input type="text"/>
Relationship to Resident	<input type="text"/>
Address	<input type="text"/>
Phone	<input type="text"/> <input type="text"/> <small>Home Work</small>
Medical Information	
Primary Physician	
Name	<input type="text"/>
Address	<input type="text"/>
Phone	<input type="text"/>
Consulting Physician	
Specify reason for seeing physician	<input type="text"/>
Name	<input type="text"/>
Address	<input type="text"/>
Phone	<input type="text"/>
Medical Issues	
Please list and/ or describe a brief medical history	<input type="text"/>
Please list current medications	<input type="text"/>
Medicare/ Medicaid	

Medicare #	<input type="text"/>	Part: <input type="radio"/> n/ a <input type="radio"/> A <input type="radio"/> B
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Medicaid #	<input type="text"/>
	<i>If pending, county & date applied:</i>
	<input type="text"/>

Private Insurance

Name	<input type="text"/>
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Address	<input type="text"/>
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Phone	<input type="text"/>
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ID #	<input type="text"/>
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Group #	<input type="text"/>
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Financial Information

Total Monthly Income	\$ <input type="text"/>
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Real Estate Value	\$ <input type="text"/>
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Total Value of Assets	\$ <input type="text"/>
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Approximate Net Worth	\$ <input type="text"/>
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Optional

How did you hear about us?	<input type="text"/>
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Questions/ Comments	<input type="text"/>
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Waiver

I have been informed that this information will be kept confidential.
Falsification of the above information will render my application null and void.

Initial of Resident/ POA: