



Admission Application

Personal Information:

Name: _____ Date: _____

Address: _____

County of Residence: _____ Phone: _____

Sex: ___ M ___ F Marital Status: _____ Date of Birth: _____

*Are you currently living at home? ___ Y ___ N

*Are you living alone? ___ Y ___ N

*If no, who are you living with? _____

*Are you currently living in an Assisted Living ___ Y ___ N Name/Location: _____

Currently ready to move in? ___ Yes ___ No Desire to move in the future? ___ Yes ___ No

Church: _____ Funeral Home: _____

Physician: _____ Other Healthcare Provider: _____

Social Security # _____ Hospital Preference: _____

Past or Present Occupation: _____

Military (Self or Spouse): _____

Have you ever been OR are you currently residing in a nursing home? ___ Yes ___ No

If yes, When and Where? _____

Check all that are appropriate: **(Please provide Brewster Village with a copy)**

_____ Guardian

_____ Power of Attorney _____ Healthcare _____ Financial

_____ Other (Living Will, Conservator, etc.)

Health Concerns

Who to contact in case of emergency:

1) Name _____	2) Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone _____	Phone _____
Relationship _____	Relationship _____
Email Address _____	Email Address _____



BREWSTER
V I L L A G E

Insurance Information

Medicare # _____ Part A _____ Part B _____ Part D _____

Medical Assistance # _____ Effective Date: _____

Long Term Care Insurance Company: _____

Health Insurance Company: _____

Is this a Medicare Supplement? ___ Yes ___ No

Is this a Medicare Advantage Plan? ___ Yes ___ No

Subscriber # _____ Group # _____

Financial Information (Please indicate if asset belongs to self or spouse)

Fixed Monthly Income:

		<u>Self</u>	<u>Spouse</u>
Social Security/SSI	\$ _____	_____	_____
Pensions	\$ _____	_____	_____
Annuities or Trust Funds	\$ _____	_____	_____
Veterans Benefits	\$ _____	_____	_____
Rents	\$ _____	_____	_____
Other	\$ _____	_____	_____
TOTAL	\$ _____		

Monthly Income from other Sources:

Dividends, Interest	\$ _____	_____	_____
Other	\$ _____	_____	_____
TOTAL	\$ _____		

Assets:

Stocks, Mutual Funds, Bonds	\$ _____	_____	_____
Savings/Checking Accounts	\$ _____	_____	_____
Certificates of Deposit	\$ _____	_____	_____
Real Estate	\$ _____	_____	_____
Life Insurance	\$ _____	_____	_____
Other (i.e. Burial Trust)	\$ _____	_____	_____
TOTAL ASSETS	\$ _____		

Person Completing Application _____ Phone _____

*When complete, either email this application to Tabitha.Becker@outagamie.org, fax to Tabitha at (920) 968-4156, or mail to/drop off at 3300 W. Brewster St. Appleton, WI 54914.

*DISCLAIMER: Personal information may be at risk if you send an email unencrypted.

*This application will remain active for a period of one year. Please call (920) 225-1985 and update Brewster Village of any changes or if you wish to continue to stay on the waitlist following the initial year.