

## Lourdes Senior Community Admission Application

### Fox Manor

*Independent Living*

2350 Watkins Lake Road

Waterford, MI 48328

248-674-9590

### Mendelson Home

*Assisted Living Apartments*

2450 Watkins Lake Road

Waterford, MI 48328

248-618-6362

### Clausen Manor

*Alzheimer's Care*

2400 Watkins Lake Road

Waterford, MI 48328

248-674-4732

### Lourdes Nursing Home

*Rehab and Long Term Care*

2300 Watkins Lake Road

Waterford, MI 48328

248-674-2241

Resident's Legal Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number and Street City State & Zip

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_ Religion \_\_\_\_\_

Desired Placement Fox Manor \_\_\_\_\_ Mendelson Home \_\_\_\_\_ Clausen Manor \_\_\_\_\_ Lourdes NH \_\_\_\_\_

Veteran(circle one) Self Spouse Neither Active in Time of War Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Service \_\_\_\_\_

Former Occupation \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Medicare Number \_\_\_\_\_

Health Insurance & Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Long Term Care Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Hospitalization Status \_\_\_\_\_  
Hospital Name Date of Admission Date of Discharge

Physician's Name \_\_\_\_\_  
Address Phone

Preferred Hospital \_\_\_\_\_  
Address Phone

Responsible Party Guardian/Power of Attorney (POA)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_  
Number and Street City State & Zip

E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_  
Number and Street City State & Zip

E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

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### Preliminary Medical Information

Diagnosis \_\_\_\_\_

Medications

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

### Financial Information

1. Annual Income Sources

Pension Amount Annually \_\_\_\_\_ Source \_\_\_\_\_

Social Security Amount Annually \_\_\_\_\_ Other Income \_\_\_\_\_

2. Assets (If property, please include address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Checking Account Balance \_\_\_\_\_ Savings Account Balance \_\_\_\_\_

Certificates of Deposit \_\_\_\_\_

Stocks/Bonds/Trust Accounts \_\_\_\_\_

Loans Receivable \_\_\_\_\_

\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Date

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*Lourdes Senior Community is founded by the Dominican Sisters of Peace*  
www.lourdesseniorcommunity.org