

**MONTGOMERY HOME FOR AGED PEOPLE, INC.**

**Application for Admission**

**NAME OF APPLICANT:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_

Addresses within the past five (5) years: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Name(s), address(es) and relationship of nearest relatives: \_\_\_\_\_

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

I have resided in Middleboro \_\_\_\_\_ years from \_\_\_\_\_ to \_\_\_\_\_

Religion: \_\_\_\_\_ Local Church Affiliation: \_\_\_\_\_

Are you in good health? \_\_\_\_\_

Are you able to care for yourself? \_\_\_\_\_ For your room? \_\_\_\_\_

Have you had any severe illnesses? \_\_\_\_\_ If so, what: \_\_\_\_\_

Do you have any medical handicaps? \_\_\_\_\_ If so, what: \_\_\_\_\_

Have you lost a hand, arm or other member of your body? \_\_\_\_\_ If so, what: \_\_\_\_\_

Are you lame or deformed? \_\_\_\_\_ Do you suffer from rheumatism? \_\_\_\_\_

Is your eyesight good? \_\_\_\_\_ Is your hearing good? \_\_\_\_\_

Are you subject to lung disease? \_\_\_\_\_ Varicose veins? \_\_\_\_\_

Has your doctor ever told you that you had albumen or sugar in the urine? \_\_\_\_\_

If so, which? \_\_\_\_\_

Has any doctor ever told you that your blood pressure was abnormal? \_\_\_\_\_

Are you subject to fainting spells? \_\_\_\_\_ Nervous? \_\_\_\_\_

Do you suffer from headaches? \_\_\_\_\_

What have you sought medical advice for within the last five (5) years: \_\_\_\_\_

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Name, address and telephone number of three references: \_\_\_\_\_

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Name, address and telephone number of responsible person who would be available in the event of illness and/or disability of the Applicant: \_\_\_\_\_

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Do you agree to abide by the rules governing the members of the Home? \_\_\_\_\_

It is understood by me that:

I am to be examined by a physician before admission; and

On or before the date of admission I will pay the Treasurer the admission fee of \$40,000.00.

Name, address and telephone number of primary care physician: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Coverage: \_\_\_\_\_

I certify the information contained herein is accurate and have signed the application (consisting of three pages) this \_\_\_\_\_ day of \_\_\_\_\_, 2007.

\_\_\_\_\_  
Signature of Applicant

I am personally acquainted with the above-named Applicant, and I believe that said Applicant should be admitted to the Montgomery Home for Aged People, Inc. when there is a vacancy.

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Name:

