S.E.N.I.O.R.S. ID:_____ **S.E.N.I.O.R.S. APPLICATION (PLEASE PRINT)**

Date_____ Address_____ City, State, Zip_____
Phone_____ Cell Phone_____ Number of people at this address_____

PERSONAL INFORMATION

1. Name (Last, First M.)_____ DOB_____ AGE _____
RACE_____ SEX_____

Any medical issues? _____

_____

Critical medicines (if any): _____

_____

Primary Doctor _____ Phone_____ Address _____
Hospice/Hospital contact: _____ Phone_____ Address _____

2. Name (Last, First M.)_____ DOB_____ AGE _____
RACE_____ SEX _____

Any medical issues? _____

_____

Critical medicines (if any): _____

_____

Primary Doctor _____ Phone_____ Address _____
Hospice/Hospital contact: _____ Phone_____ Address _____

EMERGENCY CONTACTS

1. Name (Last, First M.)_____ Relationship_____ Address _____
Home Phone_____ Cell Phone_____ Work phone_____

2. Name (Last, First M.)_____ Relationship_____ Address _____
Home Phone_____ Cell Phone_____ Work Phone _____

OTHER INFORMATION

ENTRY: Use force to get in if necessary? ____YES ____NO Key Location if available_____

If there are pets in the house please list by name and type of animal: _____

_____

Where in the house do you keep your medicines? _____

_____

If you keep any weapons in the house, what and where are they? _____

_____

Do you have a living will or DNR? ____Yes____ No

Is someone designated as a Durable Health Care Power of Attorney ? ____Yes ____ No

If yes, who?_____
Contact information:_____

_____

Are there copies of any of the above mentioned forms in the home? ____Yes ____ No

If yes, where? _____