

Please check the area (s) which interests you.

	red Living - Heritage House	sted Living - Heritage Cott		
Name				
Last	First	Middle		
Address Street	City State	Zip		
Street	()	/ /		
County Tele	ephone Number	Date of Birth		
Email Address				
How did you learn about Heritage Oaks?				
Total Monthly Income / CAsse	ets Do you have health inc	Surance? □ Yes □ No		
(Please answer as completely and accurately as bossible. Personal financial information is held to the strictest confidence)	in CAttach a copy of:	Attach a copy of:		
the strictest confidence.)	Social Security Card	□ Yes □ No#		
Social Security \$				
•	D · . II 1.1 I	□ Yes □ No #		
Pensions \$	Private Health Insurance Card			
Pensions \$ Interest Income \$	Private Health Insurance Card Veterans Administration Card	☐ Yes☐ No #☐ Yes☐ No #		
Pensions \$ Interest Income \$ Other Income \$	Private Health Insurance Card Veterans Administration Card Long-Term Care Insurance	☐ Yes ☐ No #		
Pensions \$ Interest Income \$ Other Income \$ Cash on Hand \$	Private Health Insurance Card Veterans Administration Card Long-Term Care Insurance Medicare Card	□ Yes □ No #□ Yes □ No #□ Yes □ No #		
Pensions \$ Interest Income \$ Other Income \$ Cash on Hand \$ Savings \$ Securities \$	Private Health Insurance Card Veterans Administration Card Long-Term Care Insurance Medicare Card Medicaid Card	☐ Yes ☐ No #		
Social Security \$	Private Health Insurance Card Veterans Administration Card Long-Term Care Insurance Medicare Card Medicaid Card	□ Yes □ No #□ Yes □ No #□ Yes □ No #		
Pensions \$ Interest Income \$ Other Income \$ Cash on Hand \$ Savings \$ Securities \$ Other Assets \$	Private Health Insurance Card Veterans Administration Card Long-Term Care Insurance Medicare Card Medicaid Card	□ Yes □ No #□ Yes □ No #□ Yes □ No #		
Pensions \$	Private Health Insurance Card Veterans Administration Card Long-Term Care Insurance Medicare Card Medicaid Card	 □ Yes □ No # □ Yes □ No # □ Yes □ No # 		
Pensions \$	Private Health Insurance Card Veterans Administration Card Long-Term Care Insurance Medicare Card Medicaid Card Home/Wor	□ Yes □ No #□ Yes □ No #□ Yes □ No #		
Pensions \$	Private Health Insurance Card Veterans Administration Card Long-Term Care Insurance Medicare Card Medicaid Card Home/Wor	 □ Yes □ No # □ Yes □ No # □ Yes □ No # 		
Pensions \$	Private Health Insurance Card Veterans Administration Card Long-Term Care Insurance Medicare Card Medicaid Card Home/Wor	 □ Yes □ No # □ Yes □ No # □ Yes □ No # 		



The undersigned hereby makes application for admission/residency to Heritage Oaks and represents the statements made on this application to be true and correct and agrees that this application shall become a part of the contract for admission/residenccy.

Due to the confidential nature of the information provided, we CANNOT accept electronic forms of this application. Please mail, fax or drop off at our business office.

Authorization

The information in this application is given with the consent of the resident and/or guarantor.

Signature				
	I have set my hand to thi			, 20
Applicant's signature	e or alternate person assumi	ng financial responsibilit	y	
Witnesses _				
	CApplicant: (other t			
	Street	City	State	Zip
Email Address				
Name				
Address				
	Street	City	State	Zip
Email Address				

Comments	 	 	

Requirements for CAdmission/Residency:

It is the intent of Heritage Oaks Retirement Living, Inc. to comply with Section 1557 of the Affordable Care Act with regards to prohibition of discrimination. Heritage Oaks Retirement Living, Inc. shall not discriminate on the basis of race, religion, creed, color, national origin, sex, age or disability. Applicants for Independent Living, Catered Living, and Assisted Living must be at least 55 years of age. Applicants may be required to provide references and a doctor's statement of their health condition upon application. Each application is considered on its own merits and is approved by an Admissions Committee.

Heritage Oaks Retirement Living, Inc. will gladly review your application with you to determine the most appropriate residency accommodations. We look forward to saying "welcome to your new home"!

DO NOT WRITE BELOW THIS LINE

Phone #				
Completed application received				
	Date	Time	Received By	
Date of Personal Interview				
Reviewed on		Action of Admissions Committee		



