



Hearthside Assisted Living

1501 W 6th Avenue Sault Ste. Marie, MI 49783

Phone 906-635-6911 Fax 906-635-8399

E-mail: sunsetmanor_som@sbeglobal.net

Resident Application

Applicant's Information:

Name _____ Gender: M F Date: _____ Move in Date _____

Current Address _____ Phone _____

City _____ State _____ Zip _____ Date of Birth _____

Place of Birth _____ Age _____ Religion _____

Marital Status _____ Anniversary Date _____ Social Security Number _____

Medicaid # _____ Medicare # _____ Veteran # _____

Monthly Income _____ Residents Legal Status _____

Date of Last Physical & Chest X-ray _____ FULL CODE _____ or DNR _____

Preferred Funeral Home _____

Current Living Arrangement _____

Reason for Admission _____

Is Resident Able to: Write Letters _____ Sign Documents _____ Read/Understand Mail _____ Use Phone _____

Resident's Attitude Toward Placement _____

Do You Believe Residents is a Danger to Self or Others? _____ Will Resident Stay in Building _____

Can Resident Walk? _____ w/Walker _____ Cane _____ Wheelchair _____

SPEECH: Good _____ Understandable _____ Slurred _____ Mumbles _____ Grunts _____

VISION: Good _____ w/Glasses _____ Poor _____ Nearly Blind _____ Blind _____

HEARING: Good _____ Poor _____ Undetermined _____ Hearing Aids _____

Other Information:

Physician's Name _____

Street Address _____

City _____ State _____ Zip _____ Telephone Number _____

Home Health Agency Name _____ Telephone Number _____

Children and Responsible party information:

NAME (including spouse)	ADDRESS	HOME/WORK NUMBER	RELATIONSHIP/TITLE
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____

Room Preference:

Semi Private (186 sq. ft. shared): _____ Private (186 sq. ft.): _____

Large Private (427 sq. ft.): _____ Suite (645 sq. ft.): _____

Source of Payment:

Private _____ Other _____

Amount _____ Weekly _____ Monthly _____ Annually _____

Please send statement to:

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

Signature of Applicant/Responsible Party: _____

Print Name: _____ **Date:** _____

How did you learn about Hearthside Assisted Living?

Newspaper _____ Radio _____ Physician _____

Current Resident/Family _____ Hospital/Other Facility _____

Family/Friends _____ Other _____