

**Superior Health Support Systems  
The Pennington Home  
665 S Pleasant St., Pickford, Michigan 49774  
Phone: 231-268-4371**

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**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 # \_\_\_\_\_

U.S. Citizen \_\_\_\_\_ Residents Legal Status \_\_\_\_\_

Date of Last Physical & Chest X-ray \_\_\_\_\_ Code Status : Full \_\_\_\_\_ DNR \_\_\_\_\_

Current Living Arrangement \_\_\_\_\_

Reason for Admission \_\_\_\_\_

Preferred Funeral Home \_\_\_\_\_

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

Resident's Feeling's Toward Placement \_\_\_\_\_

Do You Believe Residents is a Danger to Self or Others? \_\_\_\_\_ Does Resident wander? \_\_\_\_\_

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 \_\_\_\_\_

Bladder/Bowel: Incontinent or Continent? \_\_\_\_\_ Currently wearing depends? \_\_\_\_\_

**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 \_\_\_\_\_

**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 Superior Health Support System: The Merlin Home?**

Newspaper \_\_\_\_\_ Radio \_\_\_\_\_ Physician \_\_\_\_\_

Current Resident/Family \_\_\_\_\_ Hospital/Other Facility \_\_\_\_\_

Family/Friends \_\_\_\_\_ Other \_\_\_\_\_

