



Resident Application

Applicant's Information:

Name: _____ Gender: M / F Submission Date: _____

Current Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Date of Birth: _____ Social Security Number: _____

Place of Birth: _____ Age: _____ Religion: _____

Marital Status: _____ Anniversary Date: _____ US Citizen: Y / N

Medicaid #: _____ Medicare #: _____ Veteran #: _____

Date of Last Physical & Chest X-ray: _____ Code Status: Full / DNR

Current Living Arrangement: _____

Reason for Admission: _____

Desired Move-in Date: _____ Preferred Funeral Home: _____

Is Resident Able to:

Write Letters ____ Sign Documents ____ Read/Understand Mail ____ Use Phone ____

Resident's Feelings Toward Placement: _____

Do you believe resident is a danger to self or others: Y / N Does resident wander: Y / N

Resident Walks:

Independently ____ With: Walker ____ Cane ____ Wheelchair ____

Speech: Good ____ Understandable ____ Slurred ____ Mumbles ____

Teeth: Dentures on Top ____ Bottom ____ Both ____ Own Teeth ____ No Teeth ____

Vision: Good ____ Poor ____ Nearly Blind ____ Blind ____ Glasses: Y / N

Hearing: Good ____ Poor ____ Undetermined ____ Hearing Aids: Y / N

Bladder/bowel: Incontinent / Continent Currently wearing depends: Y / N



Other Information:

Physician's Name: _____ Phone: _____

Street Address: _____ City: _____ State: ____ Zip: _____

Home Health Agency Name: _____ Phone: _____

Children and Responsible Party Information:

NAME (including spouse)	ADDRESS	HOME/WORK NUMBER	RELATIONSHIP/TITLE
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1: _____

2: _____

3: _____

4: _____

Financial Information:

Income Sources/Amounts per month:

Social Security \$ _____ Pension \$ _____ Retirement Distributions: \$ _____

VA Benefit Payments \$ _____ Other (specify): _____ \$ _____

Financial Responsible Party / Please send invoices and statements to:

Name: _____ Relationship: _____ Phone: _____

Street Address: _____ City: _____ State: ____ Zip: _____

Signature of Applicant / Responsible Party: _____

Print Name: _____ Date: _____



Home Preference - please list from 1 to 5 with 1 being your top choice of home:

____ Hearthside Assisted Living (Sault Ste Marie, MI)

____ Merlin Home (Sault Ste Marie, MI)

____ Pennington Home (Pickford, MI)

____ Harborview Assisted Living (DeTour, MI)

____ White-Wiles Home (Rudyard, MI)

How did you learn about Superior Health Support Systems?

Newspaper ____ Radio ____ Facebook ____ Physician ____

Current SHSS Resident/Family: ____ Hospital/Other Facility: ____

Family/Friends: ____ Other _____

******PLEASE SUBMIT YOUR COMPLETED APPLICATION
TO YOUR #1 HOME CHOICE******

Hearthside Assisted Living	Merlin Home	Pennington Home	Harbor View Assisted Living	White-Wiles Assisted Living
1501 W 6th Avenue Sault Ste Marie, MI	1703 Hyde Street Sault Ste Marie, MI	665 S Pleasant Street Pickford, MI	200 Cunningham Street DeTour, MI	10946 W Fair Dor Drive Rudyard, MI
906-635-6911	906-259-7373	906-647-2380	906-297-1251	906-442-1021
F: 906-635-8399	F: 906-259-0558	F: 906 647-2381	F: 906-297-1252	F: 906-442-1028