

BLACKSTONE ESTATES / CHENEY CARE FOUNDATION

APPLICATION FOR ADMISSION

All Programs And Services Shall Be Made Available Without Regard To Race, Color, Religion, National Origin, Age, Disability, Marital Status, Veteran Status, Sex, Or Any Other Characteristic Protected By Law.

PERSONAL INFORMATION

Applicant's Name _____ SS#: _____

Telephone () _____ Cellphone () _____ Email: _____

Address _____ City _____ State _____ Zip _____

Date of Birth ____/____/____ Age ____ Present Housing (apt, private home, condo, etc.) _____

Co-Applicant Name _____ SS#: _____

Telephone () _____ Cellphone () _____ Email: _____

Date of Birth ____/____/____ Age ____ Present Housing (apt, private home, condo, etc.) _____

POWER OF ATTORNEY/GUARDIAN AND FAMILY INFORMATION

Power of Attorney/Guardian (circle one) _____ Time Power of Attorney/Guardian Becomes Effective _____
Age ____ Relationship _____ Spouse's Name _____

Address _____
Street _____ City _____ State _____ Zip _____

Occupation/Employer _____ Work Phone () _____ Home Phone () _____

Nearest Relative/Friend (circle one) _____ Age ____ Relationship _____ Spouse's Name _____

Address _____
Street _____ City _____ State _____ Zip _____

Occupation/Employer _____ Work Phone () _____ Home Phone () _____

PHYSICIAN INFORMATION

Physician _____ Telephone () _____

Address _____
Street _____ City _____ State _____ Zip _____

ACKNOWLEDGMENT STATEMENT

I acknowledge that the information in this application is correct, and I understand that my Physician may be contacted regarding my ability to live independently in Blackstone Estates. I understand that a Deposit Fee of \$ 500.00 will be required as a security deposit and to hold the unit pending move in. The fee will be refunded in full or in part based on facility policy.

Applicant Signature: _____ Date: ____/____/____

Co-Applicant Signature: _____ Date: ____/____/____