

Port Charles Assisted Living Signing of Application for Occupancy

The information submitted in the Personal History and in the Health History forms is confidential.

I understand that when this application for occupancy is approved, the information supplied will become part of the Admission Agreement I will make with Port Charles at the time I become a resident, and I agree to abide by and comply with all of the guidelines, rules and regulations of Port Charles as are now in force or adopted. Any misrepresentations, concealment's or omissions may cause the agreement to be voided at the option of Port Charles management.

Thank you for completing this application. It will help us to understand you better and to assure that Port Charles is a place to meet your needs, your desired lifestyle and that it a place where you will reside happily, comfortably and safely.

Social Security # _____ Medicaid # _____

Medicare # _____

Health Insurance Co.name & Policy #: _____ / _____

Signature of Applicant: _____

or

Signature of Responsible Party: _____

Date: _____

A prerequisite for admissions would be to fill out and return the Personal History & Medical History application forms. At the time of admission you may be required to a small deposit of \$300.00, plus the first months rental costs. The deposit is refundable at the time of move-out, less applicable costs.