

**Signing of Health History
For Occupancy**

Port Charles Assisted Living
801 Blunt Parkway
Charles City, Iowa 50616
641-257-3003
www.pcalcc.com

I understand that when this application for occupancy is approved, the information supplied will become part of the Admissions 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.

Signature of Applicant: _____

or

Signature of Responsible Party: _____

Date: ____/____/____