



Date Application Received _____

Return To: Admissions Coordinator
330 East Third Street
Duluth, MN 55805

APPLICATION FOR ADMISSION TO ST. ANN'S SENIOR RESIDENCE

Applicant's Name _____

Present Address _____

City, State _____ **Zip** _____

Telephone Number _____ **Age** _____ **Birthdate** _____ **Gender** _____

Religion _____ **Church** _____

Marital Status: Married _____ Widowed _____ Single _____ Divorced _____

Name of Spouse _____

If Spouse is living, address _____

Number of living children _____. List names & addresses of two below (local children first)
If no children, list two in-town relatives.

1) _____ **home telephone** _____

Address _____ **work telephone** _____

City, St., Zip _____

2) _____ **home telephone** _____

Address _____ **work telephone** _____

City, St., Zip _____

REFERENCES: Name two persons other than children or pastor who have known you 5 years or longer....

1) _____ **home telephone** _____

2) _____ **home telephone** _____

MEDICAL INFORMATION:

Primary Physician _____

Address and Telephone _____

Hospital Preference _____

Social Security No. _____ Medicare No. _____

Please list any additional Health Insurance coverage and policy numbers: (For example: Blue Cross / Blue Shield)

PERSONAL INFORMATION:

How did you hear about St. Ann's Residence? (newspaper, radio, TV, friend/family)

Previous occupation? _____

Hobbies? _____

Type of apartment desired? _____ Tub or Walk-in Shower? _____

Do you need physical/architectural accommodations? _____

If you need Home Health Aide Services, what kind? _____

Date apartment desired _____ Race (Optional) _____

Have you ever been convicted of a Felony? _____ If so when, and of what charge were you convicted of? _____

***No person will be discriminated against because of race, color, sex, national origin, age or handicap, HUD Section 8 Assistance is available to qualifying candidates. HUD assistance applies only to the housing portion of the total unit price.**

Will you be applying for HUD assistance? _____ If yes, then you will need to get a HUD application. This can be obtained from the Business Office.

Are you on any Senior Waiver program? _____

Will you be applying for any Waiver program? _____

Are you receiving any Social Service benefits? _____

I understand that a change in my financial status affecting my ability to pay for a particular unit or health care services may result in:

- a. moving into a more affordable unit;
- b. paying the difference with my own funds or with the help of family or social services;
- c. relocating to another facility with the assistance of St. Ann's, family, and/or Social Services.

Signature of Applicant _____