

Persons to notify in case of emergency:

(name) (relationship) (Phone # home work)

(street address) (City) (State) (zipcode)

(name) (relationship) (Phone # home work)

(street address) (City) (State) (zipcode)

Do you have a legal guardian? ___ Power of Attorney? ___ Conservator? ___

If yes, give _____
(name) (Phone # home work)

(street address) (City) (State) (zipcode)

Are you on any County or State Assistance Programs? ___ If yes, please circle:
General Assistance, Medical Assistance, Supplemental Aide(MSA,SSI), Alternative Care
Grant, Elderly Waiver Program.

Name of your County Case Manager: _____

(street address) (City) (State) (zipcode)

Do you have a living will? ___ Any other advance directives? _____

Are you a veteran or a spouse of a veteran? _____. If so, check with your County Service
Officer to see if you qualify for any benefits.

Special needs:

Special diet? _____ What kind? _____

Allergies? _____

I hereby affirm that, to the best of my knowledge the above information is true and correct. I
understand this application does not reserve a rental unit or guarantee residence. I authorize
Hawley Senior Living staff to verify, seek, and give information necessary for my well-being.

Signed: _____ Date _____ wp-admapp