



The Meadows

110 PERKINS AVENUE, OLD TOWN, ME 04468

Voice (207) 827-0547 • Fax (207) 827-2397

GENERAL INFORMATION

Name _____ Telephone _____ Date _____

Street Address _____ Apt. _____ City _____ State _____

Mailing Address _____ City _____ State _____ Zip _____

Date of Birth _____ Social Security Number _____

Who may we contact if we are unable to reach you? _____ Telephone _____

HOUSING INFORMATION

Do you own your own home? _____ How long have you lived at your present location? _____

If less than three years, please tell us where else you have lived and whom we may contact as a reference at each location (please use a separate paper if you add more than two addresses)

Address #1: Street _____ City _____ State _____

Contact Person _____ Telephone _____

Address #2: Street _____ City _____ State _____

Contact Person _____ Telephone _____

If you are living at home, do you have a homemaker, home health aide or personal care aide to help you? _____

If yes, please explain: _____

Have you ever been asked to leave where you were living? _____ If yes, please explain _____

MEDICAL INFORMATION

Name & address of your Primary Care Physician _____

Current illnesses/diagnoses _____

Hospitalizations/surgeries _____

Disabilities/adaptive equipment needed _____

Other _____

INCOME INFORMATION

<i>Example</i>			
Source of Income	<i>Social Security</i>	Amount	<i>\$428.0</i>
		Frequency	<i>Monthly</i>

Source of Income _____ Amount _____ Frequency _____

Source of Income _____ Amount _____ Frequency _____

Source of Income _____ Amount _____ Frequency _____

Do you receive MaineCare? _____ If yes, what is your MaineCare identification number? _____

Do you receive Medicare? _____ If yes, is your Medicare premium deducted from your Soc. Sec. Check? _____

If yes, how much is deducted from your check? _____.

<i>Example</i>			
Bank	<i>Bangor Savings</i>	Account #	<i>01-2458710001</i>
		Type	<i>Checking</i>

Bank _____ Account # _____ Type _____

Bank _____ Account # _____ Type _____

Bank _____ Account # _____ Type _____

Bank _____ Account # _____ Type _____

Do you presently own real estate (house, camp, land, etc)? _____ If yes, give type and location _____

HOUSING NEEDS

Which of the following do you need any type of assistance with?

_____ Getting In/Out of Bed _____ Using the Toilet _____ Bathing _____ Eating

_____ Getting Dressed _____ Taking Medication _____ Meal Preparation

Other Needs (Please explain) _____

What furniture will you be bringing with you for your bedroom? _____

APPLICANT CERTIFICATION

"I certify that the information on this form is true and complete to the best of my knowledge and belief".

**Signature of Applicant/
Responsible Party**_____

Date_____

Please Note:

You must attach written verification of your income to this application before returning it to the address given below. Acceptable forms of income verification are: photocopies of recent Social Security, SSI, or VA checks. If you have direct deposit for any of these benefits, a photocopy of a recent bank statement will be sufficient. You may also request a statement for your Social Security benefit from the Social Security Administration by dialing 1-800-772-1213. If you receive VA benefits, you must provide your VA claim number. Thank you.

Please return this application to:

**Administrator
The Meadows**

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CONSENT TO RELEASE INFORMATION

To Whom It May Concern:

I, _____, consent to allow THE MEADOWS and/or Old Town Residential Services, Inc. to request and obtain copies of information relating to my medical records, medical conditions, medications and/or consult with my primary care physician and any other physician or hospital regarding my medical conditions and care; records relating to my income, deductions, assets, bank accounts, MaineCare eligibility; and other information that may be needed to determine eligibility of my application for residency at The MEADOWS.

Signature of Applicant or Responsible Party _____ Date _____

Signature of Witness _____

Please return this application to:

**Administrator
The Meadows**

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Protected Health Information

Please be advised that in accordance with The Health Insurance Portability and Accountability Act of 1996 (HIPAA) the information under this coversheet contains protected health information and is intended *solely for use by the intended recipient*. If you are not the intended recipient of this information, be advised that any use, disclosure, dissemination, distribution or copying of this information is prohibited. The Meadows is authorized to send this information to the intended recipient. However, as part of its ongoing efforts to protect and ensure the confidentiality of health information, The Meadows requests that if you believe you have received this information in error, please return it to The Meadows immediately or contact The Meadows at (207) 827-0547.

RESIDENT APPLICANT RELEASE OF INFORMATION

I, _____, understand that in order to assess my qualifications for residency at The Meadows a full background investigation is necessary. I, therefore, authorize Old Town Residential Services, d/b/a The Meadows, through Housing Authority of the City of Old Town to conduct an investigation which may include verification of information in addition to that provided by me to The Meadows, i.e., a financial management check; contacting persons, institutions, government and law enforcement agencies for character references; criminal and driving record history information; contacting employers for information; and verifying educational attainment.

All the information and materials I have provided to The Meadows as part of the resident application process are accurate and truthful.

I authorize and waive liability on the part of all my present and previous employers, references and others, to furnish information concerning my personal character, habits, skills and employment performance. I also authorize schools which I have attended to provide verification of educational attainment and other relevant information.

Applicant Signature _____ Date _____

Date of Birth _____ Social Security Number _____

Street Address _____ City _____ State _____ Zip Code _____

Maiden Name _____

List Other Names Used _____