

Applicant's Name _____

Level of Service Desired:

- ☐ Village Estates Independent Duplex Living
- ☐ HFA Independent/Assisted Living
- ☐ Respite Care

- ☐ Short-stay Rehabilitation
- ☐ Long-term Skilled Nursing
- ☐ Memory Care

Application for Residency



1200 Wright Avenue, Alma, MI

1-800-321-9357

www.masonicpathways.com

Application for Residency

If other than applicant, who should we contact regarding the status of this application?

Name: _____ Phone: _____

If other than applicant, who will be responsible for payment of monthly invoices?

Name: _____ Phone: _____

Applicant Information

Full Name: _____ SSN#: _____
(First, Middle, Last as appears on Social Security Card)

Nickname: _____ [] Would prefer to use

Date of Birth: _____ City of Birth: _____

Current Address: _____
Street and/or Post Office Box

City State Zip Code

Home Phone #: () Cell Phone #: ()

Employment Status: [] Currently Employed [] Retired Date Retired: _____

Name of Employer (current or retired from): _____

Occupation: _____

Father's Full Name: _____

Mother's Maiden Name: _____

Are you a current Michigan resident? [] Yes [] No If yes, since when? _____

Are you a U.S. Citizen? [] Yes [] No

Race: [] American Indian [] Caucasian
[] Asian [] Hispanic
[] African American [] Other _____

Do you have any religious preferences? Please list: _____

Are you a veteran of the U.S. Armed Services? ☐ Yes ☐ No

Branch of service: _____ Dates of service: _____

Do you currently receive Veteran's Benefits? ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Name of Spouse: _____ Wedding Date: _____

Spouse's Date of Birth: _____

Spouse's Employment: ☐ Currently Employed ☐ Retired Date Retired: _____

Spouse's Employer (current or retired from): _____

Spouse's Occupation: _____

Is the spouse a veteran of the U.S. Armed Services? ☐ Yes ☐ No

Check all statements that apply to your current living arrangement.

☐ I live alone.

☐ I own my home.

☐ I live with my spouse.

☐ I live in a rental home.

☐ I live with a friend or relative other than a spouse.

Name: _____ Relationship: _____

☐ I live in an Adult Foster Care, Assisted Living or Skilled Nursing Facility.

Address: _____

Phone #: _____ Fax #: _____

Name of Case Manager: _____

Masonic Affiliation

Are you currently one of the following? (Check all that apply.)

☐ Member of a Michigan Lodge of Free and Accepted Masons

☐ The wife, widow or mother of a member of a Michigan Lodge

☐ A member of a Michigan Chapter of the Order of the Eastern Star

Lodge/Chapter Name & Number: _____

Health Care Insurance (Complete or provide copies of front & back of each card.)

Insurance Type (Check all that apply)	Name Listed on ID Card	ID/Group/Contract Number
<input type="checkbox"/> Traditional Medicare	_____	_____
<input type="checkbox"/> Medicare Advantage	_____	_____
Are you on Medicare due to a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Rx Drug Coverage	_____	_____
Rx Plan Name _____		
<input type="checkbox"/> Medicaid	_____	_____
Have you ever applied for Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, provide copy of application and details, i.e. pending, denied, etc.		

<input type="checkbox"/> Blue Cross/Blue Shield	_____	_____
<input type="checkbox"/> Other Insurance	_____	_____
Plan Name _____		

Are you covered by a group Health Plan based on your present or former employer or a spouse's Health Plan? ☐ Yes ☐ No

Does spouse currently receive Veteran's Black Lung or Government Research Program Benefits? ☐ Yes ☐ No

Have you ever had renal disease or been on kidney dialysis? ☐ Yes ☐ No

Legal Information (Please attach signed copies of all supporting documents.)

Has the court appointed a Guardian or Conservator for you? ☐ Yes ☐ No

Name: _____ Phone: _____

Do you have a Durable Power of Attorney (DPOA) for Health Care? ☐ Yes ☐ No

Name: _____ Phone: _____

Do you have a Financial Durable Power of Attorney? ☐ Yes ☐ No

Name: _____ Phone: _____

Do you have a Living Will or Advance Directives? ☐ Yes ☐ No

In case of death, I desire to be ☐ Buried ☐ Cremated

Have you made arrangements for your funeral and/or burial? ☐ Yes ☐ No

Funeral Home: _____ Phone: _____

Address: _____

Please attach a copy of your pre-paid funeral agreement.

In case of emergency please notify:

Primary Emergency Contact

Relationship: _____

Name: _____

Current Address: _____
Street and/or Post Office Box

City

State

Zip Code

Home Phone #: () _____ Cell Phone #: () _____

Email Address: _____

Secondary Emergency Contact

Relationship: _____

Name: _____

Current Address: _____
Street and/or Post Office Box

City

State

Zip Code

Home Phone #: () _____ Cell Phone #: () _____

Email Address: _____

Financial Worksheet

IMPORTANT NOTE: YOU MUST ATTACH REQUESTED DOCUMENTATION

List monthly income from all sources and attach proof of amounts, i.e. Social Security benefit statements, pension check stubs, annuity or rental contract, etc.

Social Security: \$ _____

Dividends: \$ _____

Pensions: \$ _____

Annuity Income: \$ _____

VA Benefits: \$ _____

Rental Income: \$ _____

Interest Income: \$ _____

Other Income: \$ _____

Do you have any such assets as listed below? If yes, please list the current value of the asset, how it is titled, and attach requested documentation.

Account	Yes or No	Current Amount	How is it Titled?
Checking/Money Market Current statement	[] Yes [] No	\$	
Savings/CDs Current statement	[] Yes [] No	\$	
Autos/RVs Title or Registration	[] Yes [] No	\$	
Home Deed & Tax Statement/SEV	[] Yes [] No	\$	
Other Real Estate Deed & Tax Statement/SEV	[] Yes [] No	\$	
Land Contract Contract/Payment Schedule	[] Yes [] No	\$	
Stocks/Bonds Current statement	[] Yes [] No	\$	
Other Investments Annuities, Mutual Funds, etc. Contract/Current statement	[] Yes [] No	\$	
Life Insurance Proof of face value and cash surrender value	[] Yes [] No	\$	
Prepaid Funeral Statement of "Goods & Services" and Irrevocable Statement	[] Yes [] No	\$	
Cemetery Plot Copy of Deed	[] Yes [] No	\$	

LIST MONTHLY EXPENSES FOR THE FOLLOWING:

Mortgage:	\$ _____	Notes/Loans:	\$ _____
Property Taxes:	\$ _____	Credit Card Debt	\$ _____
Home Insurance:	\$ _____	Other:	\$ _____

In the past five (5) years immediately preceding the date of this application, have you sold, given away, or transferred ownership, or removed or added a name on any asset(s) or have you had a judgment/bankruptcy entered against your assets? ☐ **Yes** ☐ **No**

If yes, please write a description of each asset, its value, the date of sale/gift/transfer, recipient, and the recipient's relationship to you. Complete documentation is required.

Asset Description: _____

Value: _____

Date of Sale/Gift/Transfer: _____

Recipient: _____

Recipient's Relationship to You: _____

Additional Information:

Asset Description: _____

Value: _____

Date of Sale/Gift/Transfer: _____

Recipient: _____

Recipient's Relationship to You: _____

Additional Information:



Acknowledgement and Consent

In consideration of Masonic Pathways receiving and processing my application for residency, I hereby authorize Masonic Pathways to review any and all available public records relating to me including records that may be obtained through agencies, public depositories and computer databases. Such records may include criminal background reports, credit reports and other information.

I affirm that I have provided full and complete disclosure of the information, which is required for my application for residency and acknowledge that any material omission may result in the suspension and/or revocation of my admission and/or financial assistance that may have been allowed. Masonic Pathways is authorized to verify any information, financial or otherwise, provided in this application.

I acknowledge that residency for permanent placement cannot be offered until financial approval has been determined. I further acknowledge that I will be required to resubmit the information in this application after a period of six (6) months from the original date if I have not completed the residency application process.

Signature of Applicant

Date

Signature of DPOA/Guardian/Conservator
(If Applicable)

Date

Once the form has been completed, save as PDF, and send via email to Aubrie Terwilliger at aterwilliger@masonicpathways.com.