

CLOVER HEALTH CARE

# Application for Admission



**440 Minot Ave  
Auburn, ME 04210**

**Phone: 207-784-3573  
Fax: 207-782-3023**

**General Information**

<b>Resident Name *</b>	<input type="text"/> <small>First</small>	<input type="text"/> <small>Last</small>	
<b>Date of Birth *</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Home Address</b>	<input type="text"/>		
<b>City</b>	<input type="text"/>		
<b>State/ Zip</b>	<input type="text"/> <small>State</small>	<input type="text"/> <small>Zip</small>	
<b>Country</b>	<input type="text"/>		
<b>Phone</b>	<input type="text"/>		
<b>Email Address</b>	<input type="text"/>		
<b>Marital Status</b>	<input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Widowed <input type="radio"/> Divorced		
<b>Social Security #</b>	<input type="text"/>		
<b>Religion</b>	<input type="text"/>		

**Person To Notify in Case of Emergency**

<b>Has anyone been appointed Power of Attorney or Guardian? *</b>	<input type="radio"/> No <input type="radio"/> Yes <i>(if Yes, please provide a copy of document)</i>	
<b>POA/ Guardian Name</b>	<input type="text"/>	
<b>Please describe relationship of this POA/ Guardian</b>	<input type="text"/>	
<b>POA/ Guardian Address</b>	<input type="text"/>	
<b>POA/ Guardian Phone</b>	<input type="text"/> <small>Home</small>	<input type="text"/> <small>Work</small>

**Emergency Contact #1**

<b>Name *</b>	<input type="text"/>	
<b>Relationship to Resident *</b>	<input type="text"/>	
<b>Address *</b>	<input type="text"/>	
<b>Phone *</b>	<input type="text"/> <small>Home</small>	<input type="text"/> <small>Work</small>

**Emergency Contact #2**

<b>Name</b>	<input type="text"/>
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<b>Relationship to Resident</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>Phone</b>	<input type="text"/> <input type="text"/> <small>Home Work</small>
<b>Emergency Contact #3</b>	
<b>Name</b>	<input type="text"/>
<b>Relationship to Resident</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>Phone</b>	<input type="text"/> <input type="text"/> <small>Home Work</small>
<b>Medical Information</b>	
<b>Primary Physician</b>	
<b>Name</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>Phone</b>	<input type="text"/>
<b>Consulting Physician</b>	
<b>Specify reason for seeing physician</b>	<input type="text"/>
<b>Name</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>Phone</b>	<input type="text"/>
<b>Medical Issues</b>	
<b>Please list and/ or describe a brief medical history</b>	<input type="text"/>
<b>Please list current medications</b>	<input type="text"/>
<b>Medicare/ Medicaid</b>	

<b>Medicare #</b>	<input type="text"/>	Part: <input type="radio"/> n/ a <input type="radio"/> A <input type="radio"/> B
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<b>Medicaid #</b>	<input type="text"/>
	<i>If pending, county &amp; date applied:</i>
	<input type="text"/>

**Private Insurance**

<b>Name</b>	<input type="text"/>
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<b>Address</b>	<input type="text"/>
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<b>Phone</b>	<input type="text"/>
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<b>ID #</b>	<input type="text"/>
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<b>Group #</b>	<input type="text"/>
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**Financial Information**

<b>Total Monthly Income</b>	\$ <input type="text"/>
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<b>Real Estate Value</b>	\$ <input type="text"/>
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<b>Total Value of Assets</b>	\$ <input type="text"/>
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<b>Approximate Net Worth</b>	\$ <input type="text"/>
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**Optional**

<b>How did you hear about us?</b>	<input type="text"/>
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<b>Questions/ Comments</b>	<input type="text"/>
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**Waiver**

I have been informed that this information will be kept confidential.  
Falsification of the above information will render my application null and void.

Initial of Resident/ POA: