



216 Main Street ♦ Johnstown, PA 15901
814-535-5347 ♦ TheAtriumCommunity.com

THE ATRIUM

A CHOICE COMMUNITY

Personal Care

Floor Plan Desired:

Private Semi-Private Annex Respite Stay

Applicant Name: _____ Gender: Female Male

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Marital Status : Married Divorced Single Widowed Other: _____

Date of Birth: _____ Social Security #: _____

Are you a Veteran? Yes No Branch of Military Served: _____

Education: High School College Technical Other _____

Prior Occupation: _____

Church Affiliation: _____

Hobbies and Interest: _____

Assistive Devices: _____ Allergies: _____

Primary Insurance: _____ Secondary Insurance: _____

Group #: _____ Group #: _____

Policy #: _____ Policy #: _____

Power of Attorney Yes No

Primary Contact

Name: _____

Relationship: _____

Address: _____

Home or Cell Phone: _____

Email Address: _____

Power of Attorney Yes No

Alternative Contact

Name: _____

Relationship: _____

Address: _____

Home or Cell Phone: _____

Email Address: _____

Primary Care Physician: _____ Office Phone: _____

Address: _____

Other Specialist Physicians: _____

Hospital of Choice: _____

Do you have a Living Will/Advance directive? Yes No

Funeral Home: _____ Phone: _____

Address: _____

Income	Monthly Income	Self	Jointly Owned
	Social Security		
	Pension		
	Veterans		
	Interest		
	Annuities		
	Stocks/Bonds/Investments		
	Certificates of Deposit		
	Black Lung		
	Other Income: rental property, gas royalty, interest, dividends, etc.		

Assets	Financial Information	Self	Jointly Owned
	Balance of Checking Account (s)		
	Balance of Savings Account (s) and/or Money Market Accounts		
	Value of Life Insurance Policies		
	Fair market value any owned property/real estate		
	Value of Trust available for support and care		
	Value of Stocks/Bonds/Investments		
	Value of other assets		

Have you transferred any assets for less than full value within the last five (5) years? Yes No

How did you hear about The Atrium? _____

I hereby certify that the supplied information is correct and complete to the best of my knowledge.

Applicant Signature

Date

Applicant's Responsible Party Signature

Date