

RESPONSIBLE PARTY

1. Does anyone have the legal right to act on behalf of the resident?

Yes _____ No _____

If yes, how is the right achieved?

Power of Attorney _____ Guardianship _____ Other _____

2. If yes, please provide the following information for the designated person:

Name	Relationship		
_____	()	()	
Address	Work Phone	Home Phone	
_____	_____	_____	
County	City	State	Zip

3. Who will be financially responsible for making monthly payments to Hawthorn House?

Prospective Resident _____ Other _____ If other, Please provide the following information:

Name	Relationship	Telephone
_____	()	_____
Address		

4. Physician (s) _____ ()
Name Telephone

Address

Physician (s) _____ ()
Name Telephone

Address

I hereby grant permission for Hawthorn House to verify all information provided in the above application and release Hawthorn House from any and all liability resulting in such investigations. I wish to apply for residence at Hawthorn House.

Signature of Applicant Date

Signature of Applicant Date

Application and Residency Orientation Fee of \$ _____ received on this _____ day of _____.

Signed _____
Hawthorn House

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