



Personal Information

Name of Guest : _____ Contact # : _____

Email Address : _____

Present Address (house #, street, city, postal code) :

Marital Status : Single Married Widowed Divorced Separated

Date of Birth : _____ Passport #/Expiry : _____ ACR# _____

Height / Weight : _____ Type of Visa : _____



Educational Background

Employment History (last 10 years, start with the most recent)

Company Name	Designation	Year Employed	Remarks

Medical and Insurance Information

Physician's Name : _____ Mobile Number : _____

Hospital Affiliation / Address : _____

How would you describe your present state of health? _____

How often do you see your doctor? _____ When was your last visit? _____

Current Diagnosis : _____ Blood Pressure _____ Blood Sugar _____

Physical Limitations (if any) : _____ Therapies/Treatment : _____

Allergies (please specify) : _____

Medications : _____

Please list all medications including over the counter medications, herbal remedies, topical medications, supplements, vitamins, etc. Any PRN medications must include instructions.

Medical Insurance Premium: _____ Insurance Company: _____

I do not require assistance from staff during the night. If assistance is needed, please explain reasons:

Financial Information

INCOME

MONTHLY INCOME

a. Social Security (applicant/spouse)

\$ _____

b. Pensions

\$ _____

c. Other Income (describe)

\$ _____

Total Monthly Income _____

\$ _____

Dietary Instructions

Are you on a special/restricted diet? Yes No

If yes, describe

Have you ever been evaluated for cognitive changes or memory concerns? If yes, please explain.

What are your personal strengths and interests? How do you currently like to spend your time?

What are your top 3 favorite books and why?

What are your top 3 favorite movies and why?

Is there any other information we should be aware of when reviewing your health and medical concerns?

Other Requirements

Please provide photocopy of the following documents:

1. Valid passport and visa (for foreigners)
2. Latest Executive Check (should be within the last 6 months)
3. Interview with the resort's physician for clearance

Emergency Contacts

Contact person/ Number/ Relationship :

Insurance company/ Name and Contact Number :

I understand that this application is neither a contract, nor a reservation for room accommodation.

Nothing contained in this document is legally binding for me or the community, until a Residency Agreement has been approved and signed by all parties.

For security and verification purposes, the required information above needs to be provided. Rest assured that we are committed to protecting your privacy and confidentiality in accordance with the Data Privacy Act of 2012, and that your data will not be shared with any third Party.

Signature of applicant

Date of application

This application form is valid for one person only. Room sharer must fill up another form