



**Seven Acres Jewish Senior Care Services**  
**Pauline Sterne Wolff Campus**  
**The Medallion Assisted Living Residence**

*Providing Long Term Care Services in the Texas Gulf Coast Area for over 70 Years*

## APPLICATION FOR SKILLED SERVICES ADMISSION

NAME OF APPLICANT \_\_\_\_\_

RESPONSIBLE PARTY  
 (Medical Power of Attorney)  
 (Primary Contact)

FINANCIAL RESPONSIBLE PARTY  
 (Financial Power of Attorney)  
 (Person who handles bills)

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

HAVE YOU EVER BEEN ADMITTED TO ANY OTHER FACILITIES? \_\_\_\_\_

IF YES, NAMES AND DATES OF RESIDENCY. \_\_\_\_\_

PRESENT LOCATION OF APPLICANT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ RELIGION: \_\_\_\_\_

PRIMARY LANGUAGE: \_\_\_\_\_ HOSPITAL PREFERENCE: \_\_\_\_\_

1. LIVING WILL/DIRECTIVE TO PHYSICIANS: \_\_\_\_\_ NO \_\_\_\_\_ YES

2. MEDICAL POWER OF ATTORNEY: \_\_\_\_\_ NO \_\_\_\_\_ YES

3. FINANCIAL POWER OF ATTORNEY: \_\_\_\_\_ NO \_\_\_\_\_ YES

4. LEGAL GUARDIANSHIP/COURT ORDER: \_\_\_\_\_ NO \_\_\_\_\_ YES

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