APPLICATION FOR RESIDENCY/ADMISSION TO

HOPE HOUSE RESIDENTIAL CARE FACILITY
P.O. BOX 1510
FATUOAIGA, AMERICAN SAMOA 96799

Name: Last		Middle	First
Address:			Village:
Telephone Number:		Alternate Number:	Social Security Number:
Age:	Sex;	Date of Birth	Birthplace:
Religion:		Married ☐ Divorced ☐ Separated ☐ Single ☐ Widowed ☐	

Do you speak and understand English? Yes ☐ No ☐, if no,

What is your primary language?

Do you have Medicare?
Yes ☐ No ☐ If yes, Card #:________________________________

Other Insurance:

Do you have a Legal Representative? Yes ☐ No ☐

Name: ________________________________ Relation: ______________________

Do you have a legally binding Power of Attorney? Yes ☐ No ☐ If yes, please attach a copy.

In case of emergency:

Name: _______________________________ Relation: __________________________

Contact Number Alternate Number:

Spouse:

Children/Interested Parties Name:	Relation:
Address	
Contact Number	Alternate Number
Name:	Relation:
Address	
Contact Number	Alternate Number
Name:	Relation:
Address	
Contact Number	Alternate Number

Have you ever been convicted of a felony? Yes ☐ No ☐
Citizenship: ☐ U.S. ☐ National ☐ Other, please specify
Are you or your spouse a US Veteran? Yes ☐ No ☐

Financial Information:	
Social Security Income	$
Pension Gross Monthly Income	$
VA Benefits Gross Monthly Income	$
Supplemental Social Security Gross Monthly Income	$
Other Monthly Income	$
TOTAL GROSS MONTHLY INCOME	**$**

I certify that the information given in this application is true to the best of my knowledge. I understand that any false information could be grounds for cancellation of the application or termination of residency after occupancy.

Applicant ____ Date ________________

Applicant's Power of Attorney _________________________ Date _________________