



Mesa Vista Assisted Living

Phone: 970-285-1844

Fax: 970-285-6351

E-Mail: mesavista@seniorhousingoptions.org

Instructions:

Fill out all requested information by printing or typing (except signatures). Attach pages if needed for additional information. Once complete, mail, fax, or scan and email application to the center.

After receiving the application, the center will call and set up an appointment for a visit and an assessment.

Admission Application

Applicant Name _____
(Last) (First) (Middle Initial)

Address _____
(Street/Apt.) (City) (State) (Zip)

Phone _____ Social Security # _____ - _____ - _____ Religion _____

Sex (circle) M F Age _____ Date of Birth ____/____/____ Place of Birth (city/state) _____
(MM) (DD) (YYYY)

Marital Status (circle) Married Single Divorced Widowed Name of spouse (if living): _____

With whom does applicant live? _____ Relationship _____

Alternate emergency contact _____ Phone _____

Address _____
(Street/Apt.) (City) (State) (Zip)

Email _____

Applicant Health History

List any major operations, chronic illnesses, and medical conditions _____

Personal Physician _____ Phone _____

Address _____
(Street/Apt.) (City) (State) (Zip)

Preferred hospital _____

Pharmacy _____ Phone _____

Medicare/Insurance Information

Part A Claim # _____

Part B Claim # _____

Other insurance coverage _____

