

Applicant's Name \_\_\_\_\_

**Level of Service Desired:**

- Village Estates Independent Duplex Living
- HFA Independent/Assisted Living
- Respite Care

- Short-stay Rehabilitation
- Long-term Skilled Nursing
- Memory Care

---

# Application for Residency

Michigan Masonic Home dba



1200 Wright Ave.  
Alma, MI

(800) 321-9357  
[www.masonicpathways.com](http://www.masonicpathways.com)



842 Warwick Dr.  
Alma, MI

(989) 463-2200  
[www.warwicklivingcenter.com](http://www.warwicklivingcenter.com)

---

# Application for Residency

---

If other than applicant, who should we contact regarding the status of this application?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If other than applicant, who will be responsible for payment of monthly invoices?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

---

## Applicant Information

Full Name: \_\_\_\_\_ SSN#: \_\_\_\_\_  
(First, Middle, Last as appears on Social Security Card)

Nickname: \_\_\_\_\_ [ ] Would prefer to use

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street and/or Post Office Box

City State Zip Code

Home Phone #: ( ) Cell Phone #: ( )

Employment Status: [ ] Currently Employed [ ] Retired Date Retired: \_\_\_\_\_

Name of Employer (current or retired from): \_\_\_\_\_

Occupation: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

---

Are you a current Michigan resident? [ ] Yes [ ] No If yes, since when? \_\_\_\_\_

Are you a U.S. Citizen? [ ] Yes [ ] No

Race: [ ] American Indian [ ] Caucasian  
[ ] Asian [ ] Hispanic  
[ ] African American [ ] Other \_\_\_\_\_

Do you have any religious preferences? Please list: \_\_\_\_\_

Are you a veteran of the U.S. Armed Services? [ ] Yes [ ] No

Branch of service: \_\_\_\_\_ Dates of service: \_\_\_\_\_

Do you currently receive Veteran's Benefits? [ ] Yes [ ] No

---

Marital Status: [ ] Single [ ] Married [ ] Separated [ ] Divorced [ ] Widowed

Name of Spouse: \_\_\_\_\_ Wedding Date: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_

Spouse's Employment: [ ] Currently Employed [ ] Retired Date Retired: \_\_\_\_\_

Spouse's Employer (current or retired from): \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Is the spouse a veteran of the U.S. Armed Services? [ ] Yes [ ] No

---

**Check all statements that apply to your current living arrangement.**

[ ] I live alone.

[ ] I own my home.

[ ] I live with my spouse.

[ ] I live in a rental home.

[ ] I live with a friend or relative other than a spouse.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

[ ] I live in an Adult Foster Care, Assisted Living or Skilled Nursing Facility.

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name of Case Manager: \_\_\_\_\_

---

## Masonic Affiliation

Are you currently one of the following? (Check all that apply.)

[ ] Member of a Michigan Lodge of Free and Accepted Masons

[ ] The wife, widow or mother of a member of a Michigan Lodge

[ ] A member of a Michigan Chapter of the Order of the Eastern Star

Lodge/Chapter Name & Number: \_\_\_\_\_

## Health Care Insurance (Complete or provide copies of front & back of each card.)

Insurance Type (Check all that apply)	Name Listed on ID Card	ID/Group/Contract Number
<input type="checkbox"/> Traditional Medicare	_____	_____
<input type="checkbox"/> Medicare Advantage	_____	_____
Are you on Medicare due to a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Rx Drug Coverage	_____	_____
Rx Plan Name _____		
<input type="checkbox"/> Medicaid	_____	_____

Have you ever applied for Medicaid?    Yes    No

If Yes, provide copy of application and details, i.e. pending, denied, etc.

\_\_\_\_\_

\_\_\_\_\_

<input type="checkbox"/> Blue Cross/Blue Shield	_____	_____
<input type="checkbox"/> Other Insurance	_____	_____
Plan Name _____		

Are you covered by a group Health Plan based on your present or former employer or a spouse's Health Plan?    Yes    No

Does spouse currently receive Veteran's Black Lung or Government Research Program Benefits?    Yes    No

Have you ever had renal disease or been on kidney dialysis?    Yes    No

---

## Legal Information (Please attach signed copies of all supporting documents.)

Has the court appointed a Guardian or Conservator for you?    Yes    No

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a Durable Power of Attorney (DPOA) for Health Care?    Yes    No

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Do you have a Financial Durable Power of Attorney?     Yes     No

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a Living Will or Advance Directives?     Yes     No

In case of death, I desire to be     Buried     Cremated

Have you made arrangements for your funeral and/or burial?     Yes     No

Funeral Home: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Please attach a copy of your pre-paid funeral agreement.**

## **In case of emergency please notify:**

### **Primary Emergency Contact**

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Street and/or Post Office Box

City

State

Zip Code

Home Phone #: (    ) \_\_\_\_\_ Cell Phone #: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Secondary Emergency Contact**

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Street and/or Post Office Box

City

State

Zip Code

Home Phone #: (    ) \_\_\_\_\_ Cell Phone #: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

# Financial Worksheet

## IMPORTANT NOTE: YOU MUST ATTACH REQUESTED DOCUMENTATION

List monthly income from all sources and attach proof of amounts, i.e. Social Security benefit statements, pension check stubs, annuity or rental contract, etc.

Social Security: \$ \_\_\_\_\_

Dividends: \$ \_\_\_\_\_

Pensions: \$ \_\_\_\_\_

Annuity Income: \$ \_\_\_\_\_

VA Benefits: \$ \_\_\_\_\_

Rental Income: \$ \_\_\_\_\_

Interest Income: \$ \_\_\_\_\_

Other Income: \$ \_\_\_\_\_

Do you have any such assets as listed below? If yes, please list the current value of the asset, how it is titled, and attach requested documentation.

Account	Yes or No	Current Amount	How is it Titled?
<b>Checking/Money Market</b> Current statement	[ ]Yes [ ]No	\$	
<b>Savings/CDs</b> Current statement	[ ]Yes [ ]No	\$	
<b>Autos/RVs</b> Title or Registration	[ ]Yes [ ]No	\$	
<b>Home</b> Deed & Tax Statement/SEV	[ ]Yes [ ]No	\$	
<b>Other Real Estate</b> Deed & Tax Statement/SEV	[ ]Yes [ ]No	\$	
<b>Land Contract</b> Contract/Payment Schedule	[ ]Yes [ ]No	\$	
<b>Stocks/Bonds</b> Current statement	[ ]Yes [ ]No	\$	
<b>Other Investments</b> <b>Annuities, Mutual Funds, etc.</b> Contract/Current statement	[ ]Yes [ ]No	\$	
<b>Life Insurance</b> Proof of face value and cash surrender value	[ ]Yes [ ]No	\$	
<b>Prepaid Funeral</b> Statement of "Goods & Services" and Irrevocable Statement	[ ]Yes [ ]No	\$	
<b>Cemetery Plot</b> Copy of Deed	[ ]Yes [ ]No	\$	

**LIST MONTHLY EXPENSES FOR THE FOLLOWING:**

Mortgage: \$ \_\_\_\_\_ Notes/Loans: \$ \_\_\_\_\_  
Property Taxes: \$ \_\_\_\_\_ Credit Card Debt \$ \_\_\_\_\_  
Home Insurance: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

In the past five (5) years immediately preceding the date of this application, have you sold, given away, or transferred ownership, or removed or added a name on any asset(s) or have you had a judgment/bankruptcy entered against your assets?       Yes     No

If yes, please write a description of each asset, its value, the date of sale/gift/transfer, recipient, and the recipient’s relationship to you. Complete documentation is required.

**Asset Description:** \_\_\_\_\_

**Value:** \_\_\_\_\_

**Date of Sale/Gift/Transfer:** \_\_\_\_\_

**Recipient:** \_\_\_\_\_

**Recipient’s Relationship to You:** \_\_\_\_\_

**Additional Information:**

\_\_\_\_\_  
\_\_\_\_\_

**Asset Description:** \_\_\_\_\_

**Value:** \_\_\_\_\_

**Date of Sale/Gift/Transfer:** \_\_\_\_\_

**Recipient:** \_\_\_\_\_

**Recipient’s Relationship to You:** \_\_\_\_\_

**Additional Information:**

\_\_\_\_\_  
\_\_\_\_\_



### **Acknowledgement and Consent**

In consideration of Masonic Pathways receiving and processing my application for residency, I hereby authorize Masonic Pathways to review any and all available public records relating to me including records that may be obtained through agencies, public depositories and computer databases. Such records may include criminal background reports, credit reports and other information.

I affirm that I have provided full and complete disclosure of the information, which is required for my application for residency and acknowledge that any material omission may result in the suspension and/or revocation of my admission and/or financial assistance that may have been allowed. Masonic Pathways is authorized to verify any information, financial or otherwise, provided in this application.

I acknowledge that residency for permanent placement cannot be offered until financial approval has been determined. I further acknowledge that I will be required to resubmit the information in this application after a period of six (6) months from the original date if I have not completed the residency application process.

_____ Signature of Applicant	_____ Date
_____ Signature of DPOA/Guardian/Conservator (If Applicable)	_____ Date

Once the form has been completed, save as PDF, and send via email to Aubrie Terwilliger at [aterwilliger@masonicpathways.com](mailto:aterwilliger@masonicpathways.com).