

☐ Sequoias-San Francisco

☐ Sequoias-Portola Valley

☐ The Tamalpais

PERSONAL INFORMATION SHEET

IMPORTANT: Please complete **all pages** of this form prior to move-in and return it to Administration.

Name _____ Apartment # _____
LAST FIRST MIDDLE

Birth Date _____ Medicare # _____ Social Security # _____

Do you have health insurance coverage in addition to Medicare? ☐ Yes ☐ No If yes:

Company _____ Policy # _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed

Primary Emergency Contact

Name _____

Relationship _____

Address _____

City _____

State _____ Zip _____

Home Phone (____) _____

Work Phone (____) _____

Cell Phone (____) _____

Alternate Emergency Contact

Name _____

Relationship _____

Address _____

City _____

State _____ Zip _____

Home Phone (____) _____

Work Phone (____) _____

Cell Phone (____) _____

Next of Kin

Name _____

Relationship _____

Address _____

City _____

State _____ Zip _____

Home Phone (____) _____

Work Phone (____) _____

Cell Phone (____) _____

Doctor

Name _____

Hospital _____

Address _____

City _____

State _____ Zip _____

Phone (____) _____

Mortuary

Name _____

Address _____

City _____

State _____ Zip _____

Phone (_____) _____

Religious Affiliation

Denomination _____

Affiliation _____

Address _____

City _____

State _____ Zip _____

**Person to handle my financial affairs
in my incapacity**

Name _____

Relationship _____

Address _____

City _____

State _____ Zip _____

Home Phone (_____) _____

Work Phone (_____) _____

Cell Phone (_____) _____

**Under what legal arrangements
may this person assume responsibility?**

☐ Durable Power of Attorney

☐ Non-Durable Power of Attorney

☐ Trust

☐ Joint Checking Account

☐ Conservator

☐ Other: _____

A copy of my will is on file with:

Name _____

Relationship _____

Address _____

City _____

State _____ Zip _____

Home Phone (_____) _____

Work Phone (_____) _____

Cell Phone (_____) _____

**Do you have Durable Power of Attorney for
Health Care?** ☐ Yes ☐ No If yes:

Name _____

Relationship _____

Address _____

City _____

State _____ Zip _____

Home Phone (_____) _____

Work Phone (_____) _____

Cell Phone (_____) _____

Date of Durable Power _____

Other Contact

Name _____

Relationship _____

Address _____

City _____

State _____ Zip _____

Home Phone (____) _____

Work Phone (____) _____

Cell Phone (____)_ _____

Other Contact

Name _____

Relationship _____

Address _____

City _____

State _____ Zip _____

Home Phone (____) _____

Work Phone (____) _____

Cell Phone (____) _____

Other Contact

Name _____

Relationship _____

Address _____

City _____

State _____ Zip _____

Home Phone (____) _____

Work Phone (____) _____

Cell Phone (____)_ _____

Other Contact

Name _____

Relationship _____

Address _____

City _____

State _____ Zip _____

Home Phone (____) _____

Work Phone (____) _____

Cell Phone (____) _____

Other Legal Arrangement(s)
