

Medicare Stay Qualifier Form..... Sign Section "C"
Notice of Privacy Practices Form..... Read, Sign and Date Last Page
Release of Medical Information..... Complete and sign
Senior Medical Services Form..... Complete All, Sign Below
Shelly's Pharmacy Complete
Social Service History Form..... Complete All, Sign Last Page
Statement of Residents Rights..... Read, Sign and Date Last Page
Voters Registration Form..... Voluntary

If there is a Power of Attorney Form, please include a copy.

Please include copies of all insurance cards, prescription cards, and social security card.

Thank you and please call if you have any questions!

Cheryl Foresto
Michele Michaels
(610) 272-5600

Revised 06/19/09