



**RESIDENT INFORMATION**

**Name:** \_\_\_\_\_  
400 Hemenway Street  
Marlborough, MA 01752

**Suite No:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_  
**S.S. #** \_\_\_\_\_

**Automobile Make:** \_\_\_\_\_

**Registration #:** \_\_\_\_\_

**Responsible Party for Billing:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACTS:**

Please designate (X) persons who may enter resident's suite during their absence, and designate (POA) for Power of Attorney.

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

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

**Phone # (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_ **POA Y / N**

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

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

**Phone # (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_ **POA Y / N**

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

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

**Phone # (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_ **POA Y / N**

**MEDICAL INFORMATION:** Health Care Proxy Y / N

**Agent/Proxy Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Hospital of Choice:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Medical Insurance:** \_\_\_\_\_ #: \_\_\_\_\_

**Other Insurance:** \_\_\_\_\_ #: \_\_\_\_\_

**Religious Preference:** \_\_\_\_\_

Please list the name of your selected funeral home. Resident authorizes New Horizons' Executive Director to contact funeral home in event New Horizons is unable to reach emergency contact(s):

**Resident Signature:** \_\_\_\_\_

**Funeral Home Information:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

**Resident / POA Signature:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Contact family for any further / updated information.**