



**RESIDENT INFORMATION**

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

Suite No: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Registration #: \_\_\_\_\_

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

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.**