



RESIDENT INFORMATION

Name: _____
21 Warren Avenue
Woburn, MA 01801

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.