



# Copeland Oaks - Resident Member Application

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_  
**Phone:** ( ) \_\_\_\_\_ **Email address:** \_\_\_\_\_  
**Business or Cell Phone:** ( ) \_\_\_\_\_

**Date of birth :** \_\_\_\_\_ **Birthplace:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
**Area where you lived most of your life:** \_\_\_\_\_  
**Veteran (y or n):** \_\_\_\_\_ **Branch:** \_\_\_\_\_ **Service discharge date:** \_\_\_\_\_

**Marital Status:** ( ) Single ( ) Married ( ) Divorced ( ) Widowed—date: \_\_\_\_\_  
**Spouse's full name and prior occupation:** \_\_\_\_\_

**Children** - *You may list additional children and their information on a separate sheet.*

- **Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_  
**Email address:** \_\_\_\_\_ **Business phone:** ( ) \_\_\_\_\_
- **Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_  
**Email address:** \_\_\_\_\_ **Business phone:** ( ) \_\_\_\_\_
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**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_  
**Email address:** \_\_\_\_\_ **Business phone:** ( ) \_\_\_\_\_

**Relatives** in closest proximity to Copeland Oaks:

- **Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** ( ) \_\_\_\_\_ **Email address:** \_\_\_\_\_
- **Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** ( ) \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Your profession/previous occupation:** \_\_\_\_\_

**Educational background:** \_\_\_\_\_

**Organizations, clubs, community service:** \_\_\_\_\_

**Hobbies & interests:** \_\_\_\_\_

**Religious affiliation: (optional)** \_\_\_\_\_

**Insurance:**

Social Security number: \_\_\_\_\_ Medicare number: \_\_\_\_\_

Do you have Medicare part A? \_\_\_\_\_ part B? \_\_\_\_\_ Other ? \_\_\_\_\_

Name of Medicare supplement insurance (if applicable): \_\_\_\_\_

Policy # \_\_\_\_\_

Name of Medicare prescription drug plan: \_\_\_\_\_

Name of Medicare HMO (if applicable): \_\_\_\_\_

**Power of Attorney for finances:**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_

**Power of Attorney for health care:**

**Do you have a Living Will?** \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_

**Executor of your will:**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_

**Accommodation model choice(s): (first and second choice)**

Beeghly apartment \_\_\_\_\_ or \_\_\_\_\_

Lakeshore apartment \_\_\_\_\_ or \_\_\_\_\_

Villa \_\_\_\_\_ or \_\_\_\_\_

Assisted living studio apartment model: \_\_\_\_\_

Assisted living two-room apartment model: \_\_\_\_\_

**Application fee:**

Each application must be accompanied by a deposit of \$1,000, plus an administrative fee of \$100. (Make checks payable to Copeland Oaks.) If your application is not approved, or if you request a refund at any time, we will refund \$1,000. (The \$100 administrative fee is non-refundable.) However, the entire amount (\$1,100) will be credited to your first monthly fee if you do become a resident of Copeland Oaks. No application or prior approval to the waiting list shall represent a binding contract until a resident agreement has been signed by both parties. An updated financial and/or physician form may be required to be submitted for approval when a waiting list member is ready to move to Copeland Oaks.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*or*

Signature of POA: \_\_\_\_\_ for \_\_\_\_\_

Return to: Copeland Oaks—Marketing & Admissions  
800 S.15th St., Sebring, OH 44672  
1-800-222-4640