

**ADMISSION AGREEMENT  
FACE SHEET**

The Plaza at Mililani Assisted Living Community 95-1050 Ukuwai Street Mililani, HI 96789 (808) 626-8807 phone (808) 626-8817 fax	<b>Resident Name</b>  <b>Apartment #</b>	<b>Last Updated</b>
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<b>Allergies</b>	<b>Date of Birth</b> <b>SS#</b> <b>Sex</b> <b>Marital Status</b> <b>Religious</b> <b>Preference</b>	<b>Previous Address</b>
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<b>Has a Guardian been appointed?</b> No____ Yes____ Name:	<b>Power of Attorney</b> No__ Yes__ Name:  <b>Durable Power of Attorney</b> No__ Yes__ Name:
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<b>Responsible Party/First Contact</b>  <b>Name</b> <b>Relation</b> <b>Address</b> <b>Address</b> <b>Email</b> <b>Call 1<sup>st</sup></b> <b>Call 2<sup>nd</sup></b> <b>Call 3<sup>rd</sup></b>	<b>Second Contact</b>  <b>Name</b> <b>Relation</b> <b>Address</b> <b>Address</b> <b>Email</b> <b>Call 1<sup>st</sup></b> <b>Call 2<sup>nd</sup></b> <b>Call 3<sup>rd</sup></b>	<b>Financially Responsible Party</b>  <b>Name</b> <b>Relation</b> <b>Address</b> <b>Address</b> <b>Email</b> <b>Call 1<sup>st</sup></b> <b>Call 2<sup>nd</sup></b> <b>Call 3<sup>rd</sup></b>
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<b>Primary Care Physician</b> <b>Name</b> <b>Hospital</b> <b>Address</b> <b>Office Phone</b> <b>Emergency</b> <b>Fax</b>	<b>Pharmacy</b> <b>Name</b> <b>Phone Number</b>	<b>Hospital Preference</b> <b>Name</b>  <b>Funeral Home Preference</b> <b>Name</b> <b>Phone</b>
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<b>Medicare</b> <b>#</b>	<b>Medical</b> <b>Insurance</b>	<b>Other</b> <b>Insurance</b>
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<b>Admission Agreement Date</b>  <b>Second Occupant</b>	<b>Resident Arrival Date</b>	<b>Discharge Date</b>
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<b>Protected Health Information can be shared with the individuals on this form and the following:</b>     <b>Resident allows for basic health information to be released to other Plaza residents</b> No__ Yes__	<b>Send Bills To:</b> <b>Name</b> <b>Relation</b> <b>Address</b> <b>Address</b> <b>Email</b> <b>Call 1<sup>st</sup></b> <b>Call 2<sup>nd</sup></b> <b>Call 3<sup>rd</sup></b>
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