

(A copy of these documents **MUST** be completed and turned in with the admission application to Heath Stone Coordinator.)

RESIDENT NAME _____ DATE _____

- Social Security Card
- Medicare Card
- Insurance Card
- Medicaid Card
- Guardian/Conservatory Papers
- Durable Power of Attorney
- Advanced Directives (Living Will or Durable Power of Attorney for Healthcare)
- HIPAA Consent Form
- Authorization to Release PHI to Family/Friends/Residents

Comments _____

