

**The Pierce House  
204 Main St  
Farmington, Maine 04938**

**PRELIMINARY APPLICATION FOR RESIDENCY**

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Gender:  M  F

How long in Farmington area? \_\_\_\_\_ Primary language \_\_\_\_\_

Father's name \_\_\_\_\_ Mother's maiden name \_\_\_\_\_

Social Security # \_\_\_\_\_ Medicare # \_\_\_\_\_

BC/BS# \_\_\_\_\_ MaineCare# \_\_\_\_\_

Other Insurance name/# \_\_\_\_\_

Married  Single  Separated  Divorced  Widowed

Previous Occupation(s) \_\_\_\_\_ Church affiliation \_\_\_\_\_

Spouse's name \_\_\_\_\_ # years married \_\_\_\_\_

Spouse deceased?  When \_\_\_\_\_ Where \_\_\_\_\_

Applicant/Spouse Military Service; Branch and dates \_\_\_\_\_

Organizations of which applicant is currently or formerly a member (may use reverse of page if needed)

Organization	Offices held	Number of years

*Please return completed form to The Pierce House, c/o Darlene Mooar, Administrator*

Special Interests	Hobbies

Children:

Name	Address	Phone: home/cell	Email address

Other Relatives:

Name	Address	Phone: home/cell	Email address

References other than family:

Name	Address	Phone: home/cell	Email address

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During the past three years, where have you resided? (Check all that apply)

	Address	Phone
<input type="checkbox"/> Own home/apartment		
<input type="checkbox"/> With family		
<input type="checkbox"/> With Home Services: Type:		
<input type="checkbox"/> Another Care Facility:		

Primary Physician	Address	Phone

\_\_\_\_\_  
Signature of the Applicant \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person(s) completing the application, if other than the Applicant \_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship Address \_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of the Administrator \_\_\_\_\_  
Date rec'd and entered into applicant pool

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