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## New Admittance Cover Sheet

**Please use this cover sheet when faxing information for a new resident.**

Community Name: \_\_\_\_\_

Resident Name: \_\_\_\_\_

Apartment #: \_\_\_\_\_

Independent Living       Assisted Living       Memory Care

Other: \_\_\_\_\_

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**Please include the following information with this fax:**

Resident Services Agreement       Face Sheet

Copy of insurance cards (s) ; Front and Back       Physician Orders

Total Pages (including this cover) : \_\_\_\_\_

Requested By: \_\_\_\_\_      Date: \_\_\_\_\_

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Comments or Special Instructions:

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