Springvale
SENIOR LIVING
ASSISTED LIVING

Direct Phone: (515) 332-7660
www.humboldthospital.org
1050 15th St. N. Humboldt, IA 50548

APPLICATION FORM

DATE: _____

Name _____ Phone Number _____

Age _____ DOB _____ Sex _____ Marital Status _____

Physician _____ Phone Number _____

Hospital Preference _____ Medicare Number _____

Do you have a Living Will? _____ Power of Attorney _____

Health Care Power of Attorney _____

Who has copies of these forms _____

If death should occur, what funeral home is your preference? _____

Is there anything special about your health we need to know? _____

_____

First Contact Information

Name _____

Phone _____

Relationship _____

Second Contact Information

Name _____

Phone _____

Relationship _____

**All applicants will be required to have an evaluation prior to occupancy*

Do you want a _____ 1 Bedroom Apartment **OR** _____ 2 Bedroom Apartment

Do you require a garage? _____ Yes _____ No

Do you (either of you) need a handicap accessible apartment? _____ Yes _____ No

Please list any other information that will help us get to know you and your needs below

_____

_____

_____

_____

_____

_____

Please Return This Form To The Assisted Living Director At
1050 15th Street North - Humboldt, IA 50548
Questions? Please Call Us At 515-332-7660
(To see a virtual walk-through of our facility visit our website at www.humboldthospital.org)

This form does not consitute as an agreement to rent an apartment to you. If an apartment becomes available, you must also meet the Tenancy Requirements and sign a rental agreement.

Management makes no representations as to when vacancies may occur or how long a wait it could be before an apartment becomes available.

Once you return this form completely filled out you will be added to our "wait list".