



APPLICATION FOR ADMISSION

Active Lifestyle • Assisted Living • Rehabilitation and Healthcare

**The Heritage at Lowman
Post Office Box 444
White Rock, SC 29177
803-732-8800**

Application for Admission



Personal Information

Full Name: _____

Address: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Marital Status: _____ Spouse's Name: _____

Current or Previous Occupation: _____

Highest level of education attained: _____

Special Interests or Hobbies: _____

Please list below the names and relationship to applicant, complete addresses, home, office, and cell phone numbers of your family members or others who should be notified in case of emergency:

1. _____

2. _____

3. _____

Do you have a Power of Attorney? Yes _____ No _____

Name of POA: _____ Phone: _____

Address: _____

Do you have any of the following health care directives?

Health Care POA: _____ Living Will: _____ DNR: _____

The person responsible for handling my obligations or estate is:

Name: _____ Phone: _____

Address: _____

Applicant's Religious History

Member of what congregation: _____

Address: _____

Name of Pastor: _____ Phone: _____

Burial Arrangements

Funeral Home: _____

Address: _____

Phone: _____

I make this application to The Heritage at Lowman, White Rock, South Carolina, of my own free will and accord. I declare the answers to the foregoing questions to be true, full, and complete. I understand that giving false information may void my admission agreement.

Your Signature Date

Signature of Legal Guardian or POA Date

Accommodation Preferences

Please check preference:

- Rehabilitation and Healthcare Center
 - Premium Private Room
 - Private Room
 - Companion Room

- Residential/Assisted Living
 - Private Room/Bath
 - Private Room/Shared Bath

- Active Lifestyle
 - Boliek Apartments
 - Studio
 - One Bedroom
 - Two Bedroom
 - Traditional Garden Home
 - Classic Garden Home (new construction)

Along with your application, please provide us with copies of the following:

- Social Security Card (both sides)
- Medical Insurance Cards (both sides)
- Medicare Card
- Advanced Healthcare Directives
- Power of Attorney or Guardianship

**** Please include \$750 non-refundable community fee if applying for Residential/Assisted Living or Active Lifestyle.**

Official Use Only:

Date Application Received: _____

Date Medical Information Received: _____