



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 #: _____

Marital Status: _____

Current/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: _____

City/State of Church: _____

Name of Pastor: _____ Phone: _____

I make this application to The Heritage at Lowman, White Rock, South Carolina,
of my own free will & accord.

I declare the answers to the foregoing questions to be true, full, & complete.

I understand that giving false information may void my admission agreement.

Signature

Date

Signature

Date

Residence (Level of Care) Preference

Please check one option:

- Rehabilitation and Healthcare Center (**Skilled Nursing**)
 - Premium, Private Room
 - Private Room
 - Companion Room

- **Assisted Living**
 - Private Room/Bath
 - Private Room/Shared Bath
 - **Memory Support** Private Room
 - **Memory Support** Companion Room

 - Short-Term **Respite** Stay (No application fee required)

- Active Lifestyle (**Independent Living**)
 - Courtyards at Lowman Apartments (Apartment Type/Unit: _____)
 - Boliek Apartments (Apartment #: _____)
 - Entrance fee program (50% Refundable only)
 - Traditional Cottage (Cottage address: _____)
 - Entrance fee selection (**choose one**)
(Standard, 50%, or 90% Refundable Plan)
 - Classic Cottage (**new construction**) (Lot/Floorplan: _____)
 - Entrance fee selection (**choose one**)
(Standard, 50%, or 90% Refundable Plan)

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

- Social Security Card (both sides)
- Medical Insurance Cards (both sides)
- Medicare Card
- State (government-issued) picture ID

Please include \$750 non-refundable application fee if applying for Assisted Living or Active Lifestyle.