



# Genesis & Light Center

BEGINNING TO ENLIGHTEN OUR COMMUNITY

### Instructions:

- Fill out all requested information by printing or typing (except signatures).
- Attach pages if needed for additional information.
- Once complete, mail, fax, or scan and email application to the center.
- After receiving the application, the center will call and set up an appointment for a visit and for the applicant to be evaluated.

## Admission Application

Applicant Name \_\_\_\_\_  
 (Last) (First) (Middle)

Address \_\_\_\_\_  
 (Street/Apt.) (City) (State) (Zip)

Phone \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Religion \_\_\_\_\_

Sex (circle) M F Age \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth (city/state) \_\_\_\_\_  
 (MM) (DD) (YYYY)

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Personal Status Married  Divorced  Single  Widow  Separated

Living Arrangement With Relatives  Non Relatives  Alone  Rest/Nursing Home

Name of spouse (if living/if applicable): \_\_\_\_\_

With whom does applicant live (if applicable)?

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Alternate emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
 (Street/Apt.) (City) (State) (Zip)

Requested starting date \_\_\_\_\_

Enrollment Number of Days/Week \_\_\_\_\_ Anticipated Arrival/Departure Times \_\_\_\_\_/\_\_\_\_\_

Days of attendance: (circle all the apply) Monday Tuesday Wednesday Thursday Friday

Transportation assistance needed? Yes No Explain (if yes) \_\_\_\_\_  
 (circle one)

If No, then Transported by which: City Family Other \_\_\_\_\_  
 (circle one)

