



Welcome!

We are so glad that you will soon be joining us here at the Village.

Before you move in, we ask that each person who is moving in complete the forms in this packet, including:

- Resident Personal Information
- Private Health Information Release
- Shared Resident Biography
- Image Release

Please return these forms to Brent Thomas, Community Resource Coordinator, prior to your move-in. This will allow your transition to Carolina Village to go as smoothly as possible. Go ahead and mark it off your to-do list today!

Brent will be contacting you soon after you move in to answer any questions and to provide you with more information and resources. A resident liaison from our Social Transition and Resident Support (STARS) group will also be reaching out to you. If you ever have questions about life at the Village, please do not hesitate to reach out to any of us.

We know you will feel right at home at the Village very soon!

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Community Resources

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RESIDENT PERSONAL INFORMATION

Name _____ Today's Date _____
Date of Birth _____ Apartment / Cottage Number _____
Spouse/Partner _____ Wedding Anniversary (if applicable) _____
May we share your birthday/anniversary dates with the community? ___ YES ___ NO
Phone Number _____ Email _____
Vehicle Make _____ Model _____ Color _____ License Plate _____

Please provide copies of your Social Security and Medicare cards with this sheet.

Emergency Contact Information

In case of emergency, notify: (In order of preference)

Name 1 _____ Relationship _____
Address _____ Phone Number _____
_____ Alternate Number _____
Name 2 _____ Relationship _____
Address _____ Phone Number _____
_____ Alternate Number _____
Name 3 _____ Relationship _____
Address _____ Phone Number _____
_____ Alternate Number _____

Business Information

Attorney _____ Phone Number _____
Address _____
Power of Attorney _____ Phone Number _____
Address _____
Health Care Power of Attorney _____ Phone Number _____
Address _____
Living Will ___ YES ___ NO Allergies _____
Physician _____ Phone Number _____
Dentist _____ Phone Number _____

SEE REVERSE!



Resident Name _____

Financial Contact Person

We ask that you have a contact person on file who can serve as a point of contact for financial questions, specifically. We will contact this person only if your account requires attention, such as if there is a distinct change in payment pattern, if it becomes delinquent for more than 90 days, if an individual health event occurs that requires outside assistance, etc. This person should be a trusted individual who can assist you with your finances, should the need arise. This person may be your durable/financial Power of Attorney, but is not required to be.

Name _____ Relationship _____

Address _____ Phone Number _____

_____ Alternate Number _____

Special Instructions _____

In Event of Death

Funeral Home _____ Phone Number _____

Prearrangements Made? YES NO Organ Donor? YES NO

Executor of Estate _____ Phone Number _____

Carolina Village Memorial Service? YES NO Performed By _____

Religious Affiliation (optional) _____

Special Instructions _____

Return this completed form to Brent Thomas.

Keep us informed of any personal information updates by contacting ILS at 828-233-0625.



PRIVATE HEALTH INFORMATION RELEASE

Please list the names of individuals you grant Carolina Village permission to disclose your private health information to in the event of an emergency. This may include family, friends, or other individuals you choose.

- | | |
|----------|-----------|
| 1. _____ | 9. _____ |
| 2. _____ | 10. _____ |
| 3. _____ | 11. _____ |
| 4. _____ | 12. _____ |
| 5. _____ | 13. _____ |
| 6. _____ | 14. _____ |
| 7. _____ | 15. _____ |
| 8. _____ | 16. _____ |

Resident Information Board Authorization

Would you like to have your name listed on the Resident Information Board in the event that you are admitted to the hospital, Medical Center, or Care Center? This is a way of informing your friends and neighbors of your change in residence or health status.

Please indicate your decision here by providing your initials:

_____ YES, I would like my name to be posted on the Resident Information Board.

_____ NO, I do not want my name posted on the Resident Information Board. I understand that Carolina Village will not divulge my status to any person who may inquire, unless his or her name is listed above.

Resident Name

Apartment / Cottage No.

Resident Signature

Date

Return this completed form to Brent Thomas.



SHARED RESIDENT BIOGRAPHY

Information that you include here will be shared with Carolina Village community members.

Providing information on this sheet is optional.

NAME: _____

EMAIL: _____

PHONE (CELL OR CAROLINA VILLAGE HOME): _____

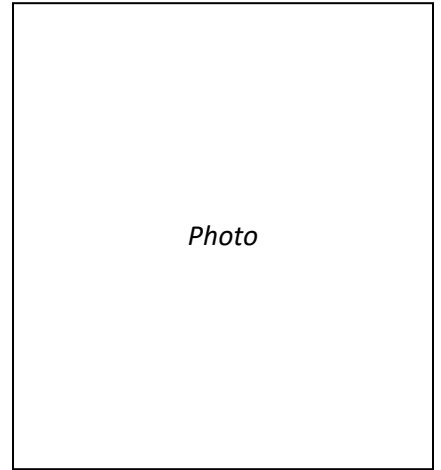
BIRTHDAY: _____

WEDDING ANNIVERSARY: _____

MOVE IN DATE: _____

PETS: _____

BIOGRAPHY: _____



Photo

FAMILY: _____

EDUCATION: _____

CAREER: _____

HOBBIES: _____

ORGANIZATIONS: _____

MORE ABOUT ME: _____

Return this completed form to Brent Thomas.



I, _____, hereby grant to Carolina Village permission to use photographs, audio recordings, or videotape recordings of me, and their transcripts where applicable, in whole or in part. Additionally, I grant Carolina Village permission to use, at its discretion, my name in connection with the image/recording. I understand that the images/recordings may be used in print publications, online publications, presentations, websites, social media, or other established media.

Furthermore, I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use. I hereby release Carolina Village and its employees from any and all claims and demands arising out of, or in connection to, the use of the images/recordings.

I have read and understand this Image Release and I agree to its terms.

Printed Name: _____

Signature: _____

Address: _____

City, State, Zip: _____

Phone: _____

Date: _____

If person listed above is under age 18 or has a Legal Power of Attorney:

I, _____, am the legal guardian or Power of Attorney of the individual named above, have read this Image Release, and approve of its terms.

Guardian's Printed Name: _____

Guardian's Signature: _____

Date: _____

Return this completed form to Brent Thomas.