

**HOLTON HOME**

158 Western Ave.  
Brattleboro, VT 05301  
802-254-4155  
fax 802-254-1349

**If faxed, please mail the original. Thank you.**

**APPLICATION FOR ADMISSION**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **Marital Status** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street City State ZIP code

**Contact Person** (Is someone helping you with this application?):

Their name \_\_\_\_\_

Address \_\_\_\_\_

Phone numbers \_\_\_\_\_ Relationship to you \_\_\_\_\_

Email \_\_\_\_\_

**Social Security** income received monthly \_\_\_\_\_

**Pension** income received monthly \_\_\_\_\_

**Investment** income \_\_\_\_\_ per month quarter year  
(circle one)

**Savings** (combined, all accounts) \_\_\_\_\_

**Checking** (combined, all accounts) \_\_\_\_\_

Do you have a private long-term care insurance policy?  Yes  No

Other income \_\_\_\_\_

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By signing this form, I assert that, to the best of my knowledge, this report is accurate. I also give permission to Holton Home to gather further medical information from my health care providers.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Applicant or applicant's legal representative)

Please return this form to Cindy Jerome, Executive Director, Holton Home.