



Longview

an Ithacare Community

Longview Assisted Living/ Enhanced Assisted Living Residence Family Information

Name: _____ Date: _____

Emergency Contact:

Name: _____

Address: _____

Relationship: _____

Phone: Day: _____ Evening: _____ Cell: _____

Applicant's Significant Other/Partner/Spouse:

Name: _____

Address: _____

Phone: Day: _____ Evening: _____ Cell: _____

Children's Names:

Name: _____

Address: _____

Phone: Day: _____ Evening: _____ Cell: _____

Name: _____

Address: _____

Phone: Day: _____ Evening: _____ Cell: _____

Name: _____

Address: _____

Phone: Day: _____ Evening: _____ Cell: _____

Are you affiliated with Cornell University? Yes No

If yes, how? _____

Are you affiliated with Ithaca College? Yes No

If yes, how? _____