

**THE KING'S DAUGHTERS HOME  
89 OHIO STREET  
BANGOR, MAINE 04401  
(207)945-3844**

**APPLICATION AND INFORMATION FOR RESIDENCY**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE(home): \_\_\_\_\_ (Personal Cell): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

ARRIVAL DATE: \_\_\_\_\_ EXIT DATE:(approx.): \_\_\_\_\_

HEALTH INSURANCE COMPANY: \_\_\_\_\_

POLICY# OR ID#: \_\_\_\_\_ GROUP#: \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE CONTACT:**

FIRST CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_

SECOND CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_

In case of an emergency, hospital preference:

\_\_\_\_\_ EASTERN MAINE MEDICAL CENTER

OR

\_\_\_\_\_ ST. JOSEPH'S HOSPITAL

PARENT'S NAME AND ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PARENT'S TELEPHONE NUMBER (home): \_\_\_\_\_

(cell): \_\_\_\_\_

**TWO PERSONAL REFERENCES:**

FIRST name and address: \_\_\_\_\_

Phone: \_\_\_\_\_

SECOND name and address: \_\_\_\_\_

Phone: \_\_\_\_\_

Do you have any medical, emotional, physical or dietary needs or considerations? YES/NO

If "yes" please explain: \_\_\_\_\_

\_\_\_\_\_

Application/Information Form

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School and program planning to attend: \_\_\_\_\_

Have you applied to KDH previously? Yes/No accepted/denied

Check any of the following which apply to you while residing at KDH:

- I will be a full-time student
- I will be a part-time student
- I will be employed full-time
- I will be employed part-time
- I am unemployed and will be looking for employment
- I have personal income and I am neither a student nor employed
- I will be going home many weekends
- I will be going home during school vacations

Will you have a car while you reside here? Yes/No

Do you have a room preference if available?

Private  Semi-Private  Dorm

Why are you applying to live at King's Daughters Home? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about King's Daughters Home? \_\_\_\_\_

07/08

Do not write below this line

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DIRECTOR'S INFORMATION

Date completed application rec'd: \_\_\_\_\_

Date contacted references: \_\_\_\_\_

Date of acceptance: \_\_\_\_\_

Room requested: \_\_\_\_\_

Date security deposit received: \_\_\_\_\_

Date key deposit rec'd: \_\_\_\_\_

Date confirmed entrance: \_\_\_\_\_

Date of exit: \_\_\_\_\_

Security deposit returned: \_\_\_\_\_

Receipt No. \_\_\_\_\_

Receipt No. \_\_\_\_\_