

Application for Admission

General Information

Date of Application: _____
Applicant Name: _____
Street Address: _____
City / State / Zip: _____
Phone Number: _____
E-Mail Address: _____
Date of Birth: _____
Marital Status: _____
Religion: _____

Name of Person Making Application: _____
Name of Responsible Party: _____
Street Address: _____
City / State / Zip: _____
Home Phone: _____ Work Phone: _____
E-Mail Address: _____

Name of Physician: _____
Street Address: _____
City / State / Zip: _____
Phone Number: _____

Last Hospitalization

Date: _____ Place: _____

Last Nursing Home Admission

Date: _____ Place: _____

Applicants Medical Information

Social Security #: _____
Medicare #: _____
HMO Insurance: _____
Blue Cross #: _____
Long-term Insurance: _____

Are you a dependent of a veteran? Yes _____ No: _____

Do you or your spouse receive benefits? Yes _____ No: _____ Whom? _____

Medicaid Identification #: _____

District Office Name: _____

Street Address: _____

City / State / Zip: _____

Caseworkers Name: _____

Phone Number: _____

E-Mail Address: _____

Primary Emergency Contact

Name: _____

Street Address: _____

City / State / Zip: _____

Home Phone: _____ Work Phone: _____

E-Mail Address: _____

Relationship to Applicant: _____

Secondary Emergency Contact

Name: _____

Street Address: _____

City / State / Zip: _____

Home Phone: _____ Work Phone: _____

E-Mail Address: _____

Relationship to Applicant: _____

Funeral Arrangements

Funeral contract in place? Yes _____ No: _____

Name of Funeral Home: _____

Street Address: _____

City / State / Zip: _____

Phone Number: _____

Financial Information

Monthly Income (*copies of monthly income checks are required*)

Social Security Income: _____

Veteran's Benefits: _____

Railroad Retirement: _____

Private Pension (specify): _____

S.S.I.: _____

Payee of Checks: _____

Street Address: _____ City / State / Zip: _____

Where Payments are Received: _____

Bank Accounts (*savings, checking, certificate of deposit*)

(1) Bank Name: _____

Street Address: _____ City / State / Zip: _____

Type of Account: _____

Account Number: _____

Current Amount: _____

(2) Bank Name: _____

Street Address: _____ City / State / Zip: _____

Type of Account: _____

Account Number: _____

Current Amount: _____

(1) Life Insurance

Company Name: _____

Policy Number: _____

Cash Value: _____

Beneficiary: _____

(2) Life Insurance

Company Name: _____

Policy Number: _____

Cash Value: _____

Beneficiary: _____

(1) Real Estate

Street Address: _____

City / State / Zip: _____

Estimated Value: _____

(2) Real Estate

Street Address: _____

City / State / Zip: _____

Estimated Value: _____

Other Income Descriptions and Amounts (dividends, alimony, etc.)

Has there been any transfer of assets within the last 30 months: Yes: _____ No: _____

If yes, please describe: _____

Any debts or obligations: Yes: _____ No: _____

If yes, please describe: _____

Signature required

“According to the best of my knowledge, the foregoing information is accurate and valid in all aspects.”

Prospective Resident/Conservator Date

Admissions Coordinator Date

Responsible Party or Parties

Name(s): _____

Address: _____

City / State / Zip: _____

Date: _____