Application for Admission

Please complete every section. Attach the documents listed on the final page.

DEMOGRAPHIC INFORMATION

Resident Name _____ Social Security # _____

Date of Admission _____ Primary Care Physician _____

Address

_____

_____

Primary Payer _____ Secondary Payer _____

Care type ☐ Long term ☐ Short term If short term, estimated length of stay _____

Marital Status (M / S / W / D) _____ Name of Spouse _____

Spouse's Social Security # _____ Spouse's Date of Birth _____

Financially Responsible Party _____ Relationship _____

Correct mailing address for billing statements

_____

_____

Email of responsible party _____ Phone of responsible party _____

INCOME

Enter the current monthly amount for each source that applies.

Social Security $ _____ Supplemental Security Income (SSI) $ _____

Pensions $ _____ Company Name _____

Dividends and Interest $ _____ Type _____

Income from Annuities $ _____ Type _____

Rent from Real Property $ _____ Type _____

Other Income $ _____ Type _____

ASSETS — BANK ACCOUNTS

List all current bank accounts, including checking, savings, certificates of deposit and money market accounts. Sixty months of statements are required for every account, including any closed within the last sixty months.

Name of Bank _____ Account Type _____

Account Owner(s) _____ Current Balance $ _____

Name of Bank _____ Account Type _____

Account Owner(s) _____ Current Balance $ _____

Name of Bank _____ Account Type _____

Account Owner(s) _____ Current Balance $ _____

Have you closed any bank accounts in the last 60 months? ☐ Yes ☐ No

If yes, describe where the assets were transferred

_____

INVESTMENT AND RETIREMENT ACCOUNTS

List all investment and retirement accounts, including stocks, bonds and mutual funds.

Name of Investment or Brokerage Company _____ Current Balance $ _____

Name of Investment or Brokerage Company _____ Current Balance $ _____

REAL PROPERTY

Do you own your own home? ☐ Yes ☐ No

Current, appraised or estimated value $ _____

Do you own any rental property? ☐ Yes ☐ No

Current, appraised or estimated value $ _____

Do you own any other real property? ☐ Yes ☐ No

Current, appraised or estimated value $ _____

Have you sold or transferred any real property within the last 60 months? ☐ Yes ☐ No

LIFE INSURANCE

Name of Insurance Company _____

Policy # _____ Face Value $ _____ Cash Surrender Value $ _____

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Policy # _____ Face Value $ _____ Cash Surrender Value $ _____

Have you liquidated any insurance policies within the last 60 months? ☐ Yes ☐ No

If yes, describe where the assets were transferred

_____

BURIAL ACCOUNTS

Name of Funeral Home _____

Is the policy irrevocable? ☐ Yes ☐ No

AUTOMOBILES

Year _____ Make _____ Model _____

Year _____ Make _____ Model _____

ADDITIONAL QUESTIONS

Are any assets held in trust? ☐ Yes ☐ No

If yes, please supply a copy of the trust.

Have any assets, cash or property been sold, transferred or gifted in the last 60 months? ☐ Yes ☐ No

If yes, please describe

_____

_____

Has the resident been hospitalized or institutionalized in the last 60 days? ☐ Yes ☐ No

If yes, please give the date range and the name of the hospital or institution

_____

_____

DOCUMENTS NEEDED

Please attach a copy of each of the following.

- [ ] Identification: driver's license and Social Security card
- [ ] Proof of citizenship: birth certificate or U.S. passport
- [ ] All insurance cards: Medicare, Medicaid or public assistance, and any other health insurance
- [ ] Current income verification for all sources
- [ ] Bank statements: twelve months for all accounts
- [ ] Current investment and retirement account statements
- [ ] Copy of deed, property taxes and appraisal
- [ ] Auto registrations
- [ ] Proof of all health insurance premiums
- [ ] Proof of all life insurance policies
- [ ] If married: marriage license, monthly expenses for spousal allocation, and all of the above for the community spouse

Completed by

Date