



RESIDENT NAME: _____ RESIDENT #: _____

Financial Application

Date: _____

Resident's Name: _____
Last First Middle

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____ Marital Status: _____ Sex ___M ___F

Is resident currently hospitalized? If so, date of hospitalization _____

Physician: _____

Has the resident been admitted to another Nursing Home or hospital within the past year?

No ___ Yes ___ Where? _____

When? Admission Date: _____ Discharge Date: _____

AGENT INFORMATION

Agent: Name _____ Relationship _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Is there a **Power of Attorney**? ___ No ___ Yes If yes, Please attach a copy.

Is there a **Legal Guardian**? ___ No ___ Yes If yes, attach a copy of Court administration.

RESIDENT NAME: _____ RESIDENT #: _____

If so:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

2nd Contact Person:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Monthly Statements should be sent to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

HEALTH INSURANCE INFORMATION

Social Security #: _____ Medicare #: _____

Supplemental Insurance: _____

Group #: _____ Agreement #: _____

RESIDENT NAME: _____ RESIDENT #: _____

Other Insurance:

Supplemental Insurance: _____

Group #: _____ Agreement #: _____

Medicaid #: _____ Please attach copies of all insurance cards.

Additional Family Members :

Name & Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Name & Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Name & Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Name & Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

RESIDENT NAME: _____ RESIDENT #: _____

Name & Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Social Security #: _____ Date of Birth: _____

Expected Source of Payment:

_____ Medicare

_____ Medicaid (Date of Application _____)

_____ Private Pay

_____ Other _____

_____ HMO Insurance

_____ Respite

RESIDENT'S CHOICE FOR HEALTH CARE PROVIDERS

Attending Physician

Facility Provider: _____

Specialty: _____

My choice – Name: _____

Address: _____

Telephone No.: _____

Dentist

Facility Provider: _____

My choice – Name: _____

Address: _____

Telephone No.: _____

RESIDENT NAME: _____ RESIDENT #: _____

Podiatrist

Facility Provider: _____

My choice – Name: _____

Address: _____

Telephone No.: _____

Pharmacy

Facility Provider: _____

My choice – Name: _____

Address: _____

Telephone No.: _____

Hospital (In the case of an Emergency you will be taken to the nearest hospital)

Facility Provider: _____

My choice – Name: _____

Address: _____

Telephone No.: _____

Funeral Home/Arrangements

(Resident / Agent agree that failure to designate their choice of a Funeral Home indicates their consent to using the Facility provider listed below).

Facility Provider: _____

My choice – Name: _____

Address: _____

Telephone No.: _____

Irrevocable Burial Trust Fund Account

Bank: _____ :

Address: _____

Account No.: _____

RESIDENT NAME: _____ RESIDENT #: _____

Church Affiliation

Facility Provider: _____

My choice – Name: _____

Address: _____

Telephone No.: _____

SOURCES OF INCOME

	<u>Resident:</u>	<u>Spouse:</u>
Social Security per month:	\$ _____	\$ _____
Supplemental Security:	\$ _____	\$ _____
Pension Payment per month:	\$ _____	\$ _____
VA Payment per month:	\$ _____	\$ _____
Dividends and Interest *:	\$ _____	\$ _____
Rental Property Income:	\$ _____	\$ _____
Alimony per month:	\$ _____	\$ _____
Trust Income:	\$ _____	\$ _____
Other Income. Specify:	\$ _____	\$ _____

* Give source of dividends and interest income: name of institution, address, account number, and title of account. _____

Does the resident have a representative payee on his/her Social Security check? If yes, who?

RESIDENT NAME: _____ RESIDENT #: _____

Is the Social Security check direct deposited? Yes _____ No _____

If direct deposit, state the following:

Institution Name: _____

Address: _____

Account #: _____

If the resident receives a Pension income, list the following:

Name of Company or Governmental Agency: _____

Address: _____

Account #: _____

If resident receives a Pension check, is it direct deposited? Yes _____ No _____

If direct deposit, state the following:

Institution Name: _____

Address: _____

Account#: _____

Does the resident have a safety deposit box? _____ No _____ Yes Where?

ASSETS:

Checking Account

Bank: _____

Address: _____

Account #: _____ Balance: \$ _____

RESIDENT NAME: _____ RESIDENT #: _____

Savings Account

Bank: _____

Address: _____

Account #: _____ Balance: \$ _____

Other Accounts

Institution: _____

Address: _____

Account #: _____ Balance: \$ _____

Stocks/Bonds (fair market value). \$ _____

Institution: _____

Address: _____

Account #: _____

Certificates of Deposit \$ _____

Institution: _____

Address: _____

Account #: _____

IRA Account \$ _____

Institution: _____

Address: _____

Account #: _____

Real Estate Owned

Address: _____

(fair market value) \$ _____

RESIDENT NAME: _____ RESIDENT #: _____

Life Insurance (face amount) \$ _____

(cash value) \$ _____

Policy Number: _____

Company Name: _____

Address: _____

Automobiles Owned

Make/Yr. _____ Fair Market Value \$ _____

Make/Yr. _____ Fair Market Value \$ _____

Other Assets: _____

Total Assets \$ _____

Have any assets been transferred to another party within the past sixty (60) months? If so, what asset was transferred and to whom: _____

LIABILITIES:

Installment Debt

Creditor's Name:

Address: _____

Account #: _____

Balance \$ _____

RESIDENT NAME: _____ RESIDENT #: _____

Creditor's Name

Address: _____

Account #: _____

Balance \$ _____

Real Estate Loans (Mortgages)

Institution: _____

Address: _____

Account #: _____

Name(s) on Deed: _____

Property Address: _____

Is anyone currently living at the property? ___ Yes ___ No If yes, who: _____

Balance \$ _____

Auto Loans

Institution: _____

Address: _____

Account #: _____

Balance \$ _____

Total Liabilities\$ _____

Net Worth.....\$ _____

ARE ANY OF YOUR ASSETS HELD JOINTLY OR IN SOMEONE ELSE'S NAME?

___ No ___ Yes

Which assets and with whom: _____

