PERSONAL INFORMATION

Applicant's Name _____

Home/Previous Address _____

Present Location/Address _____

If a medical facility, date of admission

Date of Birth _____ Age _____ Birthplace _____ Religion _____

Marital Status _____ Previous Occupation _____ Education _____

Hobbies/Interests (Past & Present) _____ Veteran (spouse of) Yes _____ No _____

_____ Veteran Service # _____

_____ Branch of Service _____

Primary Contact Person _____ Relationship _____

Address: _____

Telephone: Days _____ Evenings _____

POA _____ Conservator: Person _____ Estate _____ (Please include documentation)

Other Involved Parties

Name _____ Relationship _____

Address: _____

Telephone: Days _____ Evenings _____

Name _____ Relationship _____

Address: _____

Telephone: Days _____ Evenings _____

MEDICAL INFORMATION

Name/address of current physician _____

_____ Phone # _____

Names/addresses of all previous physicians and hospitalizations (and dates hospitalized)

_____

_____

_____

Is applicant receiving community services? If so, please list agencies & contact person.

_____

_____

Reason placement is needed _____

Attitude towards placement: Applicant _____ Family _____

Anticipated length of stay _____

Diagnosis _____

Medications _____

What assistance does applicant require with personal care (i.e. dressing, eating, walking, etc.)?

_____

_____

Please list mental limitations or behavioral difficulties and successful management techniques.

_____

_____

FINANCIAL INFORMATION

Social Security # _____ Medicare # _____ Part A_____

Part B_____

Medicaid (State Assistance) # _____

Does applicant have an application pending for State Medical Assistance (Title 19)? _____

If yes, date application submitted _____ District Office _____ Caseworker_____

Other Medical/Hospital Insurance:

Name of Company	Subscriber/Group #	Type of Insurance
_____	_____	_____
_____	_____	_____
_____	_____	_____

Life Insurance. (List only policies having a cash surrender value and give approximate cash surrender value): _____

_____

Has applicant established an irrevocable burial account?_____

If so, name of funeral home and amount_____

INCOME

Social Security	$ _____/Mo.	
Pensions	$ _____/Mo.	Source _____
VA Benefits	$ _____/Mo.	
Annuities	$ _____/Mo.	Source _____
Interest	$ _____/Mo.	Source _____
Dividends	$ _____/Mo.	Source _____
Other	$ _____/Mo.	Source _____

Do you receive income from or have any interest in any trust?_____

If yes, please describe and provide a copy of the trust instrument.

_____

_____

ASSETS (If any asset is jointly held, please give name of joint owner).

Real Estate

Does applicant own any real estate? Yes _____ No _____

Description of Property	Approximate Value	Name(s) on Deed
_____	_____	_____
_____	_____	_____

Are there any liens or mortgages against the property? Yes _____ No_____

If yes, in the amount of $ _____ payable to _____

Was this real estate your home prior to entering the nursing home? Yes _____ No_____

Is your spouse now living in the home? Yes _____ No_____

Do you have a "life use" of any real estate (any ownership interest, in full or in part, for your lifetime, or the right to occupy property for your lifetime)? Yes _____ No_____

If yes, please describe _____

_____

_____

Cash Assets

Please list all assets including but not limited to: Savings Accounts, Checking Accounts, Stocks, Bonds, C.D.'s

Name of Institution	Account #	Present Balance

Transfer of Assets

Within sixty (60) months prior to the date of this application, have you given away assets of any kind (cash, securities, real estate, etc.) or transferred assets of any kind (cash, securities, real estate, etc.) for less than fair market value? If so, please describe fully all such gifts or transfers, including the asset transferred, names, addresses and relationship to you of the person to whom the gift or transfer was made, and the value of the gift or transfer.

Gifts or transfers within 60 months: Yes _____ No_____

Please describe _____

_____

_____

_____

Within sixty (60) months prior to the date of this application, have you created any trusts or placed funds or any other assets in a trust that already existed?

Yes _____ No_____ If yes, please describe and provide a copy of the trust instrument.

_____

_____

I hereby certify that this is a true and complete statement of the applicant's current income and assets and any gifts or transfers for less than fair market value in excess of $1,000 and any trusts created or transfers of assets to any trust that they have made within the sixty (60) months prior to the date of this application.

_____

(Applicant)

_____

(Responsible Party)

_____

(Date)

(PLEASE RETURN WITH APPLICATION)

I acknowledge that I have received a copy of this statement. The facility has explained the information in the statement to me, and I am signing this statement to show that I understand it.

_____ _____

Name of Resident **Signature of Resident**

-OR-

_____ _____

Name of Representative **Signature of Representative Party***

_____

Date

*If a representative party is signing this form on behalf of the resident, indicate below his or her relationship to the resident.

_____

THIS NOTICE MUST BE SIGNED AND RETURNED TO US BEFORE WE CAN ADMIT ANY RESIDENT.