

Facility Name

Application for Admission

Demographic Information

Resident Name: _____ SS#: _____

Date of Admission: _____

Address: _____

PCP: _____

Primary Payer: _____ Secondary Payer: _____

Long Term or Short Term (circle) If Short Term, estimated Length of Stay: _____

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

Spouse's SS# _____ Spouse's DOB: _____

Financial Responsible Party: _____ Relationship: _____

Correct Mailing Address for Billing Statements:

Email address of FRP: _____ Phone # of FRP: _____

Income

Social Security \$ _____

SSI \$ _____

Pensions \$ _____

Company Name: _____

Other \$ _____

Type: _____

Dividends and Interest \$ _____

Type: _____

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Income from Annuities \$ _____ Type: _____

Rent from Real Property \$ _____ Type: _____

Other Income \$ _____ Type: _____

Assets

Bank Accounts

List all current bank accounts (Including but not limited to checking, savings, CD's, Money Markets, etc.)

60 months statements required for all accounts, including those closed in the last 60 months.

Name of Bank: _____ Type: _____

Account Owner(s): _____ Current Balance:

\$ _____

Name of Bank: _____ Type: _____

Account Owner(s): _____ Current Balance:

\$ _____

Name of Bank: _____ Type: _____

Account Owner(s): _____ Current Balance:

\$ _____

Have you closed any bank accounts in the last 60 months: _____ Yes

_____ No

If yes, please describe where assets were transferred

Investments/Retirement Accounts

List all investment/retirement accounts (including but not limited to stocks, bonds, mutual funds, etc.)

Name of Investment/Brokerage Company:

Current Balance: \$ _____

Name of Investment/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 \$ _____

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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, please describe where assets were transferred

Burial Accounts

Name of Funeral Home: _____

Is policy Irrevocable: ____ Yes ____ No

Automobiles

Year: _____ Make: _____ Model: _____

Year: _____ Make: _____ Model: _____

Please answer the following questions:

Are any assets held in trust __ Yes __ No

If yes, please supply a

copy of the trust

Have any assets/cash/property been sold/transferred/gifted in the last 60 months __ Yes __ No

If yes, please describe below:

Has the resident been hospitalized or institutionalized in the last 60 days? __

Yes __ No *If yes, please supply the date frame and name or*

Hospital/Institution:

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Documents Needed

- o ID Cards: Driver's License, Social Security Card,
- o Proof of Citizenship: Birth Certificate or US Passport
- o All Insurance Cards: Medicare, Medicaid/Public Assistance, other Health Insurance
- o Current Income Verification for all sources
- o Bank Statements: 12 months for all accounts
- o Current Investment/Retirement Account Statements
- o Copy of Deed, property taxes, appraisal...
- o Auto registrations
- o Proof of all Health Insurance Premiums
- o Proof of all Life Insurance policies
- o If Married: marriage license, monthly expenses for spousal allocation, and all of the above for the community spouse

Completed by

Date