

**APPLICATION FOR ADMISSION &
FINANCIAL DISCLOSURE**

Date: _____ Time: _____ Referred by: _____
Facility Name: _____
Office Use Only: This application was received by the admitting office on: _____

General Information

Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
Age: _____ Birthdate: _____ Sex: _____ Soc. Sec. #: _____
Veteran: Yes: _____ No: _____ Spouse of Veteran: Yes: _____ No: _____
Marital Status: Single: _____ Married: _____ Widowed: _____ Divorced: _____
If Married, name of Spouse: _____ Age: _____
Presently employed: Yes _____ No _____ Last date of employment: _____
Do you have an Apartment in the Community? Yes ___ No ___
Present location: _____ If a medical facility, date of admission: _____
Were you in a skilled nursing facility in the last year? Yes _____ No _____
Name of facility: _____
Primary (current) Physician Name: _____ Phone: _____

Anticipated length of stay: Short Term: _____ Long Term: _____
Will prior living accommodations be available upon discharge? _____

Person Responsible for Applicant (if any): _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Business Phone: _____
Relationship to Applicant: _____ Power of Attorney (POA) Yes: _____ No: _____
Conservator of Estate: Yes: _____ No: _____ Conservator of Person: Yes: _____ No: _____

Religion: _____ Parish Name, City: _____

Final Arrangements:

Funeral Home: _____ Phone #: _____ Plot #: _____
Address, City, State: _____
Do you have a Prepaid burial account? Yes _____ No _____

Financial Information

In order to process your application we need to verify a source of payment for the applicant's care. Please make sure all information is complete and accurate including income, assets, long-term insurance, etc., as discrepancies will delay the processing of this application.

_____ *initials*

**APPLICATION FOR ADMISSION &
FINANCIAL DISCLOSURE**

Health Benefits

Medicare #: _____
Medicaid #: _____ Other Insurance: _____
(Name & I.D. #)

Applicant's Own Income (monthly)

Social Security: \$ _____ Child Support: \$ _____
Pension: \$ _____ Alimony: \$ _____
Annuity: \$ _____ Interest: \$ _____
Dividends \$ _____ Other: \$ _____

Does the applicant receive income from, or have interest in a trust? Yes _____ No _____
If Yes, please describe in detail and provide a copy of the trust instrument.

Applicant's Assets (NOTE: IF any assets are jointly held, please give nature of joint ownership)

Real Estate: Provide Address _____
Please describe and give approximate value _____

Was this real estate the applicant's home prior to entering the nursing home? Yes: ___ No: ___

Does anyone other than the applicant live in this home? Yes: _____ No: _____

Stocks and Bonds:

Please describe and give approximate value _____

Bank Accounts: Provide Bank Names _____
Please describe and give approximate value _____

Life Insurance: Name of Company _____
Please describe and give approximate face & cash surrender value _____

_____ initials

**APPLICATION FOR ADMISSION &
FINANCIAL DISCLOSURE**

Other:

Please describe and give approximate value _____

Does anyone 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:

Transfers of Assets

Within thirty-six (36) months prior to the date of this application, have you or your spouse given away assets of any kind (cash, securities, real estate, etc.) **or** transferred assets of any kind for less than fair market value? If so, please describe fully all such gifts or transfers in excess of \$1,000.00, 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 and the date of transfer.

Within sixty (60) months prior to the date of this application, have you or your spouse 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 my current income and assets and any gifts or transfers for less than fair market value in excess of \$1,000.00 and any trusts created or transfers of assets to any trust that my spouse or I have made.

(Applicant Signature)

I hereby certify that I have fully investigated the applicant's financial records and 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 \$1,000.00 and any trust created or transfers of assets to any trust that the applicant or his or her spouse has made.

(Responsible Party Signature)