



APPLICATION FOR NURSING HOME RESIDENCY
Application will be kept on file for 12 months from receipt.

Date: _____
 Immediate Need
 Future Need

I. GENERAL INFORMATION:

Applicant's Name: _____ Phone: _____ Date of birth: ____/____/____

Current Address: _____ City: _____ State: _____ Zip: _____

Current facility (if in a facility): _____

Place of birth: _____ Sex: ____ Social Security # ____/____/____ US Citizen: Yes No

Marital Status: _____ Veteran: Yes No Veteran # _____ Church Affiliation: _____

Medicare # _____ Medicaid # _____ Supplemental Insurance: _____

Does the applicant have additional long-term care insurance or any other insurance that would apply to nursing home care? Yes No

Insurance Co. Name: _____ Recent hospitalization? Yes No

Where: _____ Date Admitted: _____ Date Discharged: _____

Is there a history of mental illness or retardation? Yes No Diagnosis of dementia? Yes No

Is the applicant currently on medication for the treatment of mental illness, e.g., depression, anxiety? Yes No

Is the applicant currently on medication for treatment of insomnia? Yes No

Current Problem/Diagnosis: _____

Physician: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

II. FAMILY INFORMATION

Please Check: Appointed Guardian Durable Power of Attorney - Health Care

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship to applicant: _____

If no Legal Guardian/Durable Power of Attorney - Health Care has been appointed, please list the person responsible for financial matters and health care decisions:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship to applicant: _____

Please provide the following information on additional immediate family members:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship to applicant: _____

Financial information will be requested prior to admission.



CONFIDENTIAL FINANCIAL INFORMATION

Applicant Name: _____

Checking Account Balance \$ _____ Savings Account Balance \$ _____
 Certificates of Deposit \$ _____

OTHER ASSETS

Home Value	\$ _____	Rental Property	\$ _____
Other Real Estate	\$ _____	Stocks	\$ _____
Bonds	\$ _____	Life Insurance	\$ _____
Land Contracts	\$ _____		

	MONTHLY	ANNUALLY
Social Security	\$ _____	\$ _____
Interest	\$ _____	\$ _____
Dividends	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Annuities	\$ _____	\$ _____
Veterans Benefits	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Trust Funds	\$ _____	\$ _____

LIABILITIES	MONTHLY	ANNUALLY
Home Mortgage	\$ _____	\$ _____
Credit Cards	\$ _____	\$ _____
Other Loan Amts	\$ _____	\$ _____
Co-Signed Notes or Obligations	\$ _____	\$ _____

Has the applicant (or their representative) transferred substantial assets (over \$2500.00) to relatives or other persons in the past 6 months? **YES** **NO**

Does the applicant (or their representative) intend to transfer assets in the future? **YES** **NO**

The information I have provided for this financial information form is current and accurate to the best of my knowledge.

 Signature Date Relationship to applicant