



Daniel P. McCoy
County Executive

Larry I. Slatky
Executive Director

Application for Admission

Date: _____

Name: _____ Maiden Name: _____

Address: _____

Street City State Zip Code

Date of Birth: _____ Age: _____ Place of Birth: _____

Citizen of: _____ County of residence: _____

Marital status: Widow ____ Single ____ Married ____ Divorced ____

Name of Spouse: _____

If living, address: _____

Number of Children: _____ Religion: _____

Formal Occupation: _____ Military: _____

Insurance Information

Social Security #: _____ Medicare #: _____

Medicare A Effective Date: _____ Medicare B Effective Date: _____

Medicaid #: _____ County: _____

Medicaid Application Pending: Yes ____ No ____

If yes, date submitted: _____

Primary Physician: _____ Phone: _____

Person Representing Resident: _____



Relationship: _____

Address: _____
Street City State Zip Code

Phone: _____

Power of Attorney: _____ Conservator: _____

Health Care Proxy: ___ Yes ___ No

Phone #

Home: _____ Work: _____ Other: _____

Financial Disclosure (information is considered confidential)

Income **Monthly Amount**

Social Security _____

Retirement Pension _____

Veteran's Pension _____

Supplementary Security Income _____

Annuities _____

Other Income _____

Total Income _____



Long Term Care Pre-Admission Information

Assets:

Checking Account:

Bank: _____

Balance: \$ _____ Joint Account: Yes ___ No ___

Savings Account (s):

Bank #1: _____

Balance: \$ _____ Joint Account: Yes ___ No ___

Bank #2: _____

Balance: \$ _____ Joint Account: Yes ___ No ___

Certificates of Deposit:

Bank Institution: _____

Does The Resident Own A Home? Yes ___ No ___ Estimated Value: _____

Is the Home Jointly Owned With Anyone? _____

Other Assets (Please List):

Amount

(1) _____ \$ _____

(2) _____ \$ _____

(3) _____ \$ _____



Have Any Assets Been Transferred In The Last 60 Months? Yes____ No ____

If Yes, Please Describe: _____

Has An Estate Trust Been Established? Yes ____ No ____

To the best of my knowledge, all the information provided is correct and valid. I understand that the information contained in this form will be shared with nursing homes in which I have an interest.

X _____
SIGNATURE OF RESIDENT OR RESPONSIBLE PARTY DATE

THE INFORMATION PROVIDED SHALL REMAIN CONFIDENTIAL AND SHALL BE MADE AVAILABLE ONLY TO AUTHORIZED HOSPITALS AND NURSING HOME PERSONNEL INVOLVED IN THE PLACEMENT PROCESS AND TO ANY GOVERNMENTAL OFFICIALS AUTHORIZED ACCESS BY LAW TO SUCH RECORDS.

THE FACILITIES HAVING ACCESS TO THIS INFORMATION DO SO WITHOUT REGARD TO RACE, CREED, COLOR, AGE, SEX, RELIGION, NATIONAL ORIGIN, SPONSOR, SEXUAL PREFERENCE, DISABILITY, OR MARITAL STATUS. PERSON UNDER AGE 16 YEARS OF AGE ARE NOT ELIGIBLE FOR ADMISSION CONSIDERATION, UNLESS SPECIAL APPROVAL HAS BEEN RECEIVED FROM THE DEPARTMENT OF HEALTH.

