



**ADMISSION APPLICATION**

**General Admission Information**

Date: \_\_\_\_\_ Medical Record #: \_\_\_\_\_

Resident Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Address: \_\_\_\_\_

Gender: M / F Marital Status: M / D / S / W Birthplace: \_\_\_\_\_

Occupation: \_\_\_\_\_

Religion: \_\_\_\_\_ Church: \_\_\_\_\_

Mortuary: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Primary Pharmacy: \_\_\_\_\_

**Primary Resident Representative**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**Other Resident Representative**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_



**Other Resident Representative**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**Healthcare Information**

Has the resident signed a living will? Yes / No Copy provided? Yes / No

Is there a Power of Attorney? Yes / No Copy provided? Yes / No

Social Security #: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Medicare #: \_\_\_\_\_

Part A Effective Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Part B Effective Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Supplemental Insurance Name & Number: \_\_\_\_\_

Has the resident been in the hospital in the past 30 days? Yes / No

If yes, name of hospital: \_\_\_\_\_

Admit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please provide copies of the following cards: ID, Medical, Social Security, and Insurance**



**FINANCIAL INFORMATION**

Resident Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Please indicate below in round figures your current financial status. All financial information you provide is strictly confidential.

**Monthly Income**

Social Security \$ \_\_\_\_\_

Supplemental Security Income (SSI) \$ \_\_\_\_\_

Retirement / Pension \$ \_\_\_\_\_

Rental Income \$ \_\_\_\_\_

Annuities / Investments \$ \_\_\_\_\_

Dividends / Interest \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

Total Monthly Income \$ \_\_\_\_\_

**Assets**

Cash in Bank \$ \_\_\_\_\_

Certificates of Deposit (CDs) \$ \_\_\_\_\_

Real Estate \$ \_\_\_\_\_

Stocks / Bonds \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total Assets \$ \_\_\_\_\_

Previous Tax-Year Income for 20\_\_\_\_\_ \$ \_\_\_\_\_