

10. Please list power of attorney or legal guardian appointed to manage your affairs and check the type.
****Note – At time of admission, please submit copy of the legal document****

	Name	Address	Phone
<input type="checkbox"/> Financial & Medical			
<input type="checkbox"/> Financial Only			
<input type="checkbox"/> Medical Only			
<input type="checkbox"/> Court Appointed			
Legal Guardian			

Does Applicant have a Living Will? Yes No

SECTION TWO – Health Insurance & Prescription Drug Coverage

11. Complete all that apply:

Coverage	Name	Policy Number
Medicare		
HMO/PPO/POS (Managed Care Plan) or Medicare Supplement		
Long-Term Care Insurance		
Prescription Drug Plan		

****Please submit copies of all insurance cards and long-term care policies as soon as possible****

SECTION THREE – Financial Information

12. Please list monthly income from all sources

Social Security \$ _____
Pension \$ _____ Source _____
Annuity \$ _____ Source _____
Interest \$ _____
Dividends \$ _____
Veterans Benefit \$ _____
SSI Benefit \$ _____
Other \$ _____ Source _____

13. Please list cash assets from savings accounts, checking accounts, certificates of deposit (CD's), money market funds, etc. Please also indicate single or joint ownership (use additional paper if necessary)

Institution	Type of account	Amount	Ownership
		\$	<input type="checkbox"/> Single <input type="checkbox"/> Joint
		\$	<input type="checkbox"/> Single <input type="checkbox"/> Joint
		\$	<input type="checkbox"/> Single <input type="checkbox"/> Joint
		\$	<input type="checkbox"/> Single <input type="checkbox"/> Joint

Life Insurance Company	Face Value	Cash/Surrender Value

14. Please list any Stocks, Bonds, and Mutual Funds held

Institution	Type of account	Current Value	Ownership
		\$	<input type="checkbox"/> Single <input type="checkbox"/> Joint
		\$	<input type="checkbox"/> Single <input type="checkbox"/> Joint
		\$	<input type="checkbox"/> Single <input type="checkbox"/> Joint
		\$	<input type="checkbox"/> Single <input type="checkbox"/> Joint

15. Real Estate Owned

Primary Home:

Address	Assessed Value	Estimated Value
	\$	\$
	Ownership	<input type="checkbox"/> Single <input type="checkbox"/> Joint

Are there any liens against this property? Yes No

If yes, is it a:

<input type="checkbox"/> First Mortgage	Amount \$ _____
<input type="checkbox"/> Home Equity	Amount \$ _____
<input type="checkbox"/> Reverse Mortgage	Amount \$ _____

Does anyone currently live in your Primary Home? Yes No If yes, please list:

Name	Relationship to you

Other Real Estate Owned:

Address	Assessed Value	Estimated Value
	\$	\$
	Ownership	<input type="checkbox"/> Single <input type="checkbox"/> Joint

Are there any liens against this property? Yes No

If yes, please list: Name _____ Amount \$ _____

16. Have you given away, or transferred any money, stocks, bonds, personal property, real estate, mortgages or anything else of value during the last five years? Yes No

If yes, please specify:

Transferred to Whom	Date of Transfer	Amount or Value
		\$
		\$
		\$

17. Other assets (vehicles, etc.)

Asset	Estimated Value
	\$
	\$
	\$

I attest that all information is truthful, and understand that any misrepresentation or omission of information on this application will disqualify me from admission to the facility indicated and will be cause for discharge if discovered after my admission.

Signature of Applicant

Date

Signature of person completing application if other than applicant

Date