



LUTHERAN HOME & HARWOOD PLACE

Applicant is applying for: <input type="radio"/> Rehab <input type="radio"/> Skilled Nursing <input type="radio"/> Memory Care Assisted Living <input type="radio"/> Assisted Living <input type="radio"/> Independent Living
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APPLICATION FOR ADMISSION

Name (last, first, MI): _____ Date of Birth: _____

Home Address: _____ City, State, Zip: _____

Phone #: _____ Email: _____

SS#: _____ Sex: M F Marital Status: S M W D

Medicare #/Medicare Replacement Policy#: _____

Medicare Replacement Policy Provider: _____ Group #: _____

Medicare Supplement Provider: _____ Policy/Group #: _____

Medicare D Provider: _____ Policy/Group #: _____

Primary Physician: _____ Physician Phone #: _____

Please attach/bring copies of insurance card to application to ensure accurate billing

POWER OF ATTORNEY – HEALTH

Activated: Yes No

Name: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Telephone: _____ Email: _____

POWER OF ATTORNEY - FINANCE / GUARANTOR

POA for Finance/Guarantor is same as POA for Health? Yes No

Name: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Telephone: _____ Email: _____

Emergency Contact

Name: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Telephone: _____ Email: _____

HOSPITALIZATIONS

Have you been hospitalized and/or in a skilled nursing facility in the last 12 months? Yes No

Current Location: Home AL/SNF: _____ Hospital: _____ Other: _____

HOSPITAL PREFERENCE: _____

FUNERAL HOME PREFERENCE: _____

RELIGIOUS PREFERENCE/CHURCH: _____

CONFIDENTIAL FINANCIAL STATEMENT

Unless expressly noted, you represent that all income and assets are available to pay for your care/services.

MONTHLY INCOME	APPLICANT	SPOUSE	JOINTLY OWNED
Social Security:	\$	\$	\$
Pension:	\$	\$	\$
Retirement:	\$	\$	\$
Income from Stocks, Bonds, Mutual Funds, CDs:	\$	\$	\$
Veterans Benefits:	\$	\$	\$
Rental Income:	\$	\$	\$
Trust:	\$	\$	\$
Other (Describe):	\$	\$	\$
TOTAL MONTHLY INCOME:	\$	\$	\$

ASSETS	APPLICANT	SPOUSE	JOINTLY OWNED
Checking Account Name of Bank:	\$	\$	\$
Savings Account Name of Bank:	\$	\$	\$
Stocks/Bonds/Mutual Funds/CDs:	\$	\$	\$
Retirement Accounts:	\$	\$	\$
Annuities:	\$	\$	\$
Trust Fund Circle Type: Revocable or Irrevocable	\$	\$	\$
Real Estate Owned (Describe):	\$	\$	\$
Long Term Care Insurance: (per day rate)	\$	\$	\$
Cash Value of Life Insurance:	\$	\$	\$
Burial Trust:	\$	\$	\$
Other (vehicles, etc):	\$	\$	\$
TOTAL ASSETS:	\$	\$	\$

LIABILITIES	APPLICANT	SPOUSE	JOINTLY OWNED
Loans/Rent (Mortgage, vehicles, etc):	\$	\$	\$
Taxes:	\$	\$	\$
Medical Bills:	\$	\$	\$
Credit Cards:	\$	\$	\$
Other (Describe):	\$	\$	\$
TOTAL LIABILITIES:	\$	\$	\$

TRANSFER OF ASSETS

Please identify any assets or other financial resources worth over \$5,000 that you have given away or sold for less than fair market value within the last five (5) years. Please use additional pages as necessary.

Description of What Was Sold or Given Away: _____

By Whom: _____

To Whom: _____

Date of Gift or Sale: _____

Total Market Value: _____

Amount Received: _____

By signing this form, I represent and warrant that the above information is true and correct and accurately reflects the funds that are available to provide for my care. I understand that Lutheran Home is relying on the above information and that providing false information may result in the termination of any agreement to provide care.

Signature (Resident or Authorized Representative)

Date