

PIERCE MEMORIAL CREAMERY BROOK VILLAGE APPLICATION FOR ADMISSION

This application must be completed before an individual will be placed in the waiting list and considered for admission.

Date: _____ Referred by: _____

General Information

Applicant's Name: _____

Current Location: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Birthplace: _____ Birthdate: _____ Age: ____ Sex _____ Soc. Sec. #: ____/____/____

Citizen of: _____ Veteran? Y: _ N: _ Spouse of Veteran? Y: _ N: _ Branch: __ Veteran's #: _____

Marital Status - Single: ____ Married: ____ Widowed: ____ Divorced: ____

Spouses Name: _____ Father's Name: _____ Mother's Maiden Name: _____

Contact person/Relationship to Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Business Phone: () _____

Religion: _____ Church/ City: _____

Pre-Need Funeral Arrangements: Funeral Home: _____ Burial Account: Y ___ N ___

Where have you lived most of your life? _____

Do you currently live alone? _____ Do you receive assistance at home? _____

Educational Level: _____ Occupation (before retirement)? _____

Leisure pursuits and community involvement: _____

Have you ever lived in retirement housing? _____ A nursing home? _____

If so Where/When _____

Durable Power of Attorney: Y: ____ N: ____ Name: _____

Conservator of Person: Y ____ N: ____ Name: _____

Conservator of Estate: Y ____ N: ____ Name: _____

Health Care Agent: Y ____ N: ____ Name: _____

Do you have a Living Will?: Y ____ N: ____

Insurance Information

Medicare # _____ Long Term Care Insurance? Y ___ N ___

Long Term Care Insurance Company: _____ Policy #: _____

Medicare D (Prescription Drug Coverage)? Y ___ N ___ If yes, company: _____ # _____

Other Medical Insurance: Company: _____ Policy # _____

Have you ever applied for Medicaid: Y: _____ N: _____ If yes, Medicaid #: _____

General Medical Information

Physician's Name: _____ Address: _____ Phone: _____

Primary Diagnos(i/e)s: _____

Hospital Preference: _____

Medications: _____

Can you completely care for yourself without assistance? Y: ___ N: ___ If no, what assistance do you need:

Bathing and Dressing: Independent Partial Help Dependent

Ambulation: Independent Partial Help Dependent

Toileting: Independent Partial Help Dependent

Eating: Independent Partial Help Dependent

Medication: Independent Partial Help Dependent

Oriented: Person Time Place

Do you use any assistive devices? (cane, walker, wheelchair, scooter) _____

Please give locations and dates for any hospitalizations, rehabilitative stays or nursing home admissions in the past 12 months.

Do you currently receive assistance or intervention from: (check all that apply)

_____ Home Care/Visiting Nurse Association _____ Meals on Wheels

I certify that these statements are true and accurate to the best of my knowledge:

Signature of Applicant/Responsible Party

Financial Information

Applicant's Own Income

Social Security	\$ _____	/Month	
Pension	\$ _____	/Month	Source _____
Annuity	\$ _____	/Month	Source _____
Interest	\$ _____	/Month	Source _____
Dividends	\$ _____	/Month	Source _____
Other	\$ _____	/Month	Source _____

Does the applicant receive income from or have any interest in any trust?

Yes No If **YES**, please describe and provide a copy of the trust instrument.

Applicant's Assets (NOTE: If any asset is jointly held, please give name of joint owner.)

Real Estate. Describe and give approximate value.

Was this real estate the applicant's home prior to entering the nursing home? Yes No

Is the applicant's spouse now living in the home? Yes No

Stocks and Bonds (Please describe and give approximate value)

Bank Accounts (Please describe and give current balance)

Life Insurance (List only policies having a cash surrender value and give approximate cash surrender value)

Other (Please describe fully and give value)

Does the applicant have "life use" of any real estate (any ownership interest, in full or in part, for his or her lifetime, or the right to occupy property for his or her lifetime)? **Yes** **No**

If **yes**, please describe

Transfer of Assets

Within sixty (60) months prior to the date of this application, has the applicant or applicant's spouse given away assets of any kind (gifts, cash, securities, real estate, etc.) or transferred assets of any kind for less than fair market value? If so, **describe fully all such gifts or transfers in excess of \$1,000**, including the asset transferred, the date of the transfer, names, addresses and relationship of the person to whom the gift or transfer was made, the value of the gift or transfer and the transfer/gift date..

Within sixty (60) months (5 years) prior to the date of this application, had the applicant or the applicant's spouse

- created any trusts? Yes No
- placed funds or any other assets in a trust that already existed? Yes No

If **yes**, please describe and provide a copy of the trust instrument .

I certify that I have fully investigated the applicant's financial records and that this is a true and complete statement of the applicant's current income and assets and any gifts or transfers for less than fair market value in excess of \$1,000 and any trusts created or transfers of assets to any trust that the applicant or his or her spouse has made.

Applicant or Responsible Party