

<b>Please Print</b>				Page 1 of 2
<b>Personal Information</b>				
NAME:			DATE:	
ADDRESS:				
CITY:		STATE:	ZIP:	
D.O.B. (MM/DD/YYYY)	AGE	SS# (XXX-XX-XXXX)	MARITAL STATUS: SPOUSE'S NAME: _____	
			<input type="checkbox"/> Married	<input type="checkbox"/> Widowed
			<input type="checkbox"/> Single	<input type="checkbox"/> Divorced
HOME PHONE:		CELL PHONE:		
WORK PHONE:		E-MAIL:		
<b>Emergency Contacts</b>				
NAME:			RELATIONSHIP:	
ADDRESS:				
CITY:		STATE:	ZIP:	
HOME PHONE:		CELL PHONE:		
WORK PHONE:		E-MAIL:		
NAME:			RELATIONSHIP:	
ADDRESS:				
CITY:		STATE:	ZIP:	
HOME PHONE:		CELL PHONE:		
WORK PHONE:		E-MAIL:		
NAME:			RELATIONSHIP:	
ADDRESS:				
CITY:		STATE:	ZIP:	
HOME PHONE:		CELL PHONE:		
WORK PHONE:		E-MAIL:		
<b>Billing Information (to whom sent)</b>				
NAME:			RELATIONSHIP:	
ADDRESS:				
CITY:		STATE:	ZIP:	
HOME PHONE:		CELL PHONE:		
WORK PHONE:		E-MAIL:		

**Brief Current Medical/Physical Health Information**

**In the preparer's own words write a short description of the applicant's condition (impairments, special problems needs).**

Are you or your spouse a Veteran? Y or N

PRIMARY CARE PHYSICIAN (PCP)

PHONE:

FAX:

MEDICARE#:

HMO/PPO  YES  NO

PRIMARY INSURANCE:

POLICY#:

SECONDARY INSURANCE:

POLICY#:

Do you or your spouse have Long Term Care Insurance Y or N

POLICY#:

PACI

PACENET

MEDICARE D

ACCESS CARD

POLICY#:

Knowing this rate, and to help facilitate the Medical Assistance Application process, how many month/years can the prospective resident pay privately? (See rates attached)

**Transfer of Assets**

**Have you transferred any property, cash, negotiable papers, real estate, etc. to any person within the past 5 years?**

YES

NO

If yes, description and amount: \_\_\_\_\_

**Power of Attorney**

**Living Will/DPOAHC (Durable Power of Attorney for Health Care)**

**Person Holding POA**

YES

NO

**Religions and Social Affiliations**

CHURCH MEMBERSHIP:

**Resident Disclosure**

I have  \* have not  been convicted of a felony in the past 20 years, and/or been required to be registered for commission of a sexual offense.

\* If you marked "have" above, please briefly explain: \_\_\_\_\_

**Signature of Application or Responsible Party**

DATE: