

SAINT JOHN XXIII HOME FINANCIAL INFORMATION - (FOR LONG TERM STAY)

03/01/21

Please provide copies of the following cards: Social Security, Medicare, Medicaid, Supplemental Insurance, Prescription Plan

NAME (LAST, FIRST, MIDDLE INITIAL)	BIRTHDATE	SOCIAL SECURITY NUMBER	SPOUSE'S NAME	
			Deceased	Living

ADDRESS (STREET, TOWN OR CITY, ZIP CODE & TELEPHONE NUMBER)

RESOURCE AND INCOME INFORMATION (Answer all questions listed below by checking () Yes or () No FILL IN AMOUNTS WHERE APPLICABLE

INDICATE IF YOU:	YES	NO	IF YES GROSS AMOUNT	INDICATE IS YOU RECEIVE INCOME FROM OR PAY FOR:	YES	NO	IF YES	
							GROSS AMOUNT	HOW OFTEN
Have cash on hand				Wages, salaries, tips, self-employment				
Have saving account(s) including joint accounts				Dividends or Interest from stock, bonds, savings, annuities, etc.				
Have checking account(s) including joint accounts				Boarders/roomers, rental Income				
Have Christmas club(s) or vacation club(s)				Social Security benefits				
Have credit union account(s)				Black lung benefits				
Have trust or burial fund(s) (Irrevocable pre-paid funeral)				Veterans benefits Aide and Attendance Pension				
Have stocks, bonds, certificates, annuities or money market funds				Union benefits, retirement benefits, pensions				
Have life Insurance (Cash In Value)				Workers' compensation, sick benefits				
Own a home (house/mobile home)				MEDICARE NUMBER:				
Own any other real estate				Medicare D Prescription: (Name, Address, Telephone number)				
Have a motor vehicle(s) car, truck, boat, motorcycle								
Long Term Care Insurance: (Name, Address, Telephone number)				Supplemental Insurance: (Name, Address, Telephone number)				
				PACE OR PACE NET				
				MEDICAID NUMBER			Effective date	State

Applicant, Power of Attorney or Responsible party	
NAME:	ADDRESS:
Relationship to Resident:	Telephone number

I swear or affirm that all the information given on this form is true, correct and complete to the best of my ability. Please include a copy of most recent Income Tax return if filed in last year and last bank statement.

DATE:

Signature of Applicant/Representative or POA: