

How did you hear about us?

Long Term Care and/or Rehabilitation Pre-admission Information

I. General Information

Date:

Patient's Name:

Last:

First:

Initial:

Address:

City:

State/Zip:

Patient's Present Location (if different than home address)

Address:

City:

State/Zip:

Person Representing Patient:

Relationship:

Address:

City:

State/Zip:

Phone No.:

Email Address:

Status (please check appropriate response)

Power of Attorney

Conservator

Person Responsible for handling financial transactions

Patient's Marital Status: Single Married Widowed Separated
Divorced

Medicaid Application Pending: Yes No If yes, date submitted

Primary Physician:

US Citizen: Yes No

II. Financial Disclosure (Information is considered confidential)

Income	Monthly Amount
Social Security	\$
Retirement Pension	\$
Veteran's Pension	\$
Railroad Pension	\$
Supplementary Security Income	\$
Annuities	\$
Other Income	\$
Total Monthly Income	\$

Assets:

Checking Account

Bank:

Name on Account:

Acct #	Balance \$	Joint Account
Yes No		
Savings Account(s)		

1. Bank	Name on Account:
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Acct #	Balance \$	Joint Account
Yes No		

2. Bank	Name on Account:
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Acct #	Balance \$	Joint Account
Yes No		

Certificates of Deposit:

Bank/Financial Institution:

Does the Resident Own a Home?	Yes	No	Estimated Value \$
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Is the home joined jointly with anyone?	Yes	No
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Other Assets: (Please list)	Amount
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1.	\$
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2.	\$
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3.	\$
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4.	\$
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Have any assets been transferred within the last 5 years?	Yes	No
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If yes, please describe:

Has an Estate Trust been established?	Yes	No
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Hospital Preference:

Veteran Yes No Spouse of Veteran Yes No

To the best of my knowledge, all of the information herein is correct and valid.

Signature of Resident or Responsible Party Date

The information provided shall remain confidential and shall be made available only to authorized personnel involved in the placement process and to government officials authorized by law to such records.

The facilities having access to this information do so without regard to race, creed, color, age, sex, religion, national origin, sponsor, sexual preference, marital status; persons under 16 years of age are not eligible for admission consideration unless special approval has been received from the Department of Health.