

APPLICATION FOR ADMISSION

1. PERSONAL INFORMATION

Name: _____ Maiden Name: _____ Telephone: _____
 Address: _____ City: _____ State _____ Zip _____
 Place of Birth: _____ Date of Birth: _____ Age: _____ Marital Status: _____

2. GENERAL INFORMATION

Religious Affiliation: _____ Name of Church _____
 Applicant's former occupation: _____ Education: _____
 Date of Retirement: _____ With whom is the applicant living now? _____
 Veteran / Spouse Veteran: _____ Dates of Service: _____
 Primary Care Physician: _____ Telephone: _____
 Applicant is presently at: Home _____ Hospital _____ Nursing Facility _____ other _____
 Name of any prior Nursing Facility(s): _____ Date(s): _____

3. EMERGENCY CONTACTS

NAME		RELATIONSHIP		POA YES [] NO []	CONSERVATOR YES [] NO []
ADDRESS		TOWN		ZIP	
HOME TELEPHONE	WORK TELEPHONE		CELL PHONE		

NAME		RELATIONSHIP		POA YES [] NO []	CONSERVATOR YES [] NO []
ADDRESS		TOWN		ZIP	
HOME TELEPHONE	WORK TELEPHONE		CELL PHONE		

4. HEALTH INFORMATION

Please list/describe current medical condition: _____

 Height: _____ Weight: _____
 Was the applicant every in need of psychiatric treatment? Yes _____ No _____
 Please Explain: _____

 Does the applicant require any special equipment? _____
 Current Medications: _____

5. BILLING INFORMATION

Social Security Number: _____ - _____ - _____ Medicare Number: _____ Part A: _____ Part B: _____

Medicaid Number: _____ Medicaid Application Pending: Yes _____ No _____

Medicare Part D or Pharmacy Drug Plan: _____

Insurance Company: _____ Policy Number: _____

Long-term Care Insurance Policy: Yes _____ No _____

Insurance Company: _____

Policy Number: _____ Telephone: _____

Do you receive Medicare from a Disability? Yes _____ No _____

Have you received Physical Therapy, Occupational Therapy or Speech Therapy Services covered by

Medicare Part B in the past year? Yes _____ No _____ If so, which facility: _____

Applicant's Monthly Income

Social Security \$ _____ Pension/ Retirement \$ _____

Annuities \$ _____ Mutual Funds \$ _____

Railroad/ Teachers Retirement \$ _____ VA Benefits \$ _____

Miscellaneous \$ _____ Total Monthly Income \$ _____

Applicant's Bank Accounts

Bank	Acct #	Type	Name(s) on Account	Balance

Stocks/Bonds

Do you own any stocks: Yes _____ No _____?

Company Name: _____ Value _____

_____ Value _____

Real Estate/Property

Do you own any Real Estate? Yes _____ No _____

Please describe, including location and value: _____

Has the applicant sold or given away any real estate in the past 5 years? Yes _____ No _____

Please Explain: _____

Is the applicant spouse living in the house now? Yes _____ No _____

With whom is the applicant living now? _____

Does the applicant own an automobile? Yes _____ No _____

Have you made Funeral arrangements? Yes _____ No _____

Name of Funeral Home? _____

Life Insurance Company	Policy #	Type of Policy	Face Value

Trust

Does the applicant receive income from or have any interest in any trust? Yes _____ No _____

Please Describe: _____

Name of Trust Officer: _____

Address: _____

Phone: () _____

Do you anticipate applying for Medicaid? Yes _____ No _____

If yes, when do you anticipate you will apply? _____

Gifts, Transfers of Assets, and Transfers to an Irrevocable Trust within last 60 months? Yes _____ No _____

Type of Transfer	Value	To Whom	Address	Relationship	Date of Transfer

Who is your attorney? _____

Address: _____

Phone: _____

Person responsible for payment of account:

Name: _____

Relationship: _____ Telephone: Home _____ Work _____

Address: _____ Town: _____ State: _____ Zip: _____

Person to receive inquiries about waiting list placement:

Name: _____ Telephone: _____

Address: _____ Town: _____ State: _____ Zip: _____

Does anyone hold?

POA _____ Conservator of Person _____ Conservator of Estate _____ Guardianship _____

Name & Address: _____

Please Provide the Following Information with Application

- Photocopy of Medicare/ Medicaid card
- Photocopy of Insurance card(s)
- Photocopy of Living Will, if applicable
- Photocopy of Conservator Appointment, if applicable

The information presented in this financial disclosure is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verifying it. I understand that misinformation or failure to report changes shall constitute grounds for rejections of their application. My signature herein indicates that I understand that MCNR is relying on the information and representation I have made herein in deciding whether to admit applicant.

Signed: _____

Date: _____

Print Name: _____

Date: _____

Relationship to Applicant: _____

Date: _____