

5. Monthly Income

<u>Source</u>	<u>Amount per Month</u>
Social Security	\$ _____
Private Pension	\$ _____
Veterans Benefits	\$ _____
RR Retirement	\$ _____
Dividends	\$ _____
Interest	\$ _____
SSI	\$ _____
Public Welfare	\$ _____
Other	\$ _____
 Total	 \$ _____

6. Bank Accounts/CD's

Name and Address of Bank (s)	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

7. Real Estate

Does the resident own any property? Yes _____ No _____

If yes, please list:

	Market Value
_____	\$ _____
_____	\$ _____

8. Health Insurance:

Blue Cross/Blue Shield: ID# _____ State _____
 Group# _____ Class _____

Other: Name _____ ID# _____
 Name _____ ID# _____

Do these policies cover nursing home care? Yes _____ No _____

9. Long Term Care Coverage:

Name of Company _____ Policy# _____

10. Medicare Part D Plan Yes _____ No _____ Name _____

11. Advance Directives? _____ DNR _____ Living Will _____ Health Care Proxy _____ Medical POA _____

12. Funeral Home _____

13. Copies of the following are required **upon admission** (No need to send with application):

- | | |
|--|---------------------|
| Social Security card | Proof of Birth Date |
| Medicare card | Power of Attorney |
| Health Insurance card (Blue Cross, Blue Shield, etc) | Living Will |
| PACE card | Public Welfare Card |

Signature of Applicant

or Signature of Responsible Party

Date