



Applicants Name: _____ Social Security Number: _____

Date of Birth: _____

Marital Status: (circle one) Single Married Widowed Divorced Legally Separated

Current Address: _____

Address City State Zip

County: _____ Home Phone Number: _____

Present Location: _____

Attending Physician: _____ Community Physician: _____

Health Insurance Coverage: (Provide copies of cards for all that apply)

Medicare: Part A: Yes / No Part B: Yes / No

Medicare Number: _____

Medicaid: Community: Yes / No Long Term Care: Yes / No

Applying Date (if you do not have either yet): _____

County: _____ Case Worker: _____

Medicaid Number: _____

Effective Date: _____

Medicare Supplemental Insurance: _____

Address: _____

Policy #: _____

Medicare D Prescription Plan:

Name: _____

Address: _____ Policy # _____

LTC Policy

Name _____

Address _____

Policy # _____

Emergency Contacts / Advance Directives: (Provide copies of any Advance Directives)

Name: _____

Address: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Power of Attorney: Yes / No

Health Care Proxy: Yes / No

DNR Yes / No

Name: _____

Address: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Power of Attorney: Yes / No

Health Care Proxy: Yes / No

MOLST Yes / No

Please complete the following concerning your financial situation with accuracy, rounded to the nearest hundred dollars.

	<u>Applicant</u>	<u>Spouse</u>	
Income:			
Total Monthly Pension	\$ _____	\$ _____	
Monthly Social Security	\$ _____	\$ _____	
Monthly Interest Income	\$ _____	\$ _____	
Monthly Dividend Income	\$ _____	\$ _____	
Monthly Investment Property (Rent)	\$ _____	\$ _____	
VA Benefits	\$ _____	\$ _____	
Other	\$ _____	\$ _____	
Assets:			
Savings Accounts	\$ _____	\$ _____	
Checking Accounts	\$ _____	\$ _____	
Stocks / CD's / Bonds	\$ _____	\$ _____	
Personal Home (Assessed Value)	\$ _____	\$ _____	
Other Real Estate	\$ _____	\$ _____	
IRA's	\$ _____	\$ _____	
Various Tax Shelters	\$ _____	\$ _____	
Cash Value Life Insurance	\$ _____	\$ _____	
Automobile / Motor Home	\$ _____	\$ _____	
Other	\$ _____	\$ _____	
Total amount of all Assets:	\$ _____	\$ _____	
Revocable Trust Yes / No Irrevocable Trust Yes / No Burial Trust Yes / No Funeral Home _____			
Transfer of assets & gifts within the last Five Years, valued at \$2000 or more, including your home:			
Assets Transferred	\$ Amount / Value	Date of Transfer	Receiver Name

You may be asked to provide copies of bank and/or investment account statements to verify assets; the first two pages of your most recent IRS Form 1040; the interest and dividend schedule from your most recent income tax return; or records of gifts in excess of \$2000 made within the last five years. The St. Luke Family of Caring reserves the right to conduct credit checks.

Important Notice: St. Luke relies on the information disclosed in this profile in making decisions regarding admission. If you are unable to pay for the cost of care because you give away (divest) income or assets (legal or otherwise), you may be discharged if you are unable to pay for services. As a prospective resident, you should be aware that public funding of your stay is NOT guaranteed. That decision is made by the Department of Social Services (DSS) and not by the St. Luke Family of Caring.

I attest that the information reported on this form is true and accurate. I understand that the St. Luke Family of Caring is entitled to rely on the information disclosed on this profile in making decisions regarding admission. I agree to advise the St. Luke Family of Caring of any changes to the asset, liability or income information supplied on this form prior to or after admission.

Unless otherwise stated, this application may be shared with any of our Family of Caring affiliates.

Applicant Signature: _____ Date: _____

Person Completing Form: _____ Date: _____

Submitting an application does not guarantee admission, nor does it mean that an applicant will be automatically placed on a waiting list. Placement is only offered after an application is fully reviewed by the Admissions Committee and is approved for admission.

**STATE AND FEDERAL LAWS PROHIBIT DISCRIMINATION IN ADMISSION, RETENTION AND CARE OF RESIDENTS
ON THE BASIS OF RACE, CREED, COLOR, BLINDNESS, MARITAL STATUS, PHYSICAL HANDICAP,
NATIONAL ORIGIN, SEX, SEXUAL PREFERENCE OR SPONSOR.**