



Application for Admission

DATE: _____

Type of Care Requested:

Dementia/Memory Care Unit _____

Personal Care _____

Long Term Nursing Care _____

Short Term Therapy _____

Name _____ Date of Birth _____
Last First Middle

_____ Phone 1 _____
Street Address

_____ Phone 2 _____

Marital Status Single _____ Married _____ Divorced _____ Widowed _____

Spouse's Name _____ Deceased Yes _____ No _____

Birthplace _____ Past/Present Occupation _____

Children: Name Address Phone

1. _____

2. _____

3. _____

4. _____

Social Security No. _____ Medicare No. _____

Hospital Of Choice _____

Health Insurance Co. _____ PACE No. _____

I.D. No. _____

Group No. _____

Supplemental Insurance _____

I.D. No. _____

Group No. _____

Personal Physician _____ Phone No. _____

Address _____

LEGAL REPRESENTATIVE(S)**Durable Power of Attorney for Healthcare**

Name _____ Home Phone No. _____
Address _____ Cell Phone No. _____
_____ Work Phone No. _____

Email Address _____

Financial Power of Attorney

Check if same as Durable Power of Attorney for Healthcare

Name _____ Home Phone No. _____
Address _____ Cell Phone No. _____
_____ Work Phone No. _____

Email Address _____

VETERAN'S BENEFITS

Are you a Veteran? Yes ____ No ____

Was your Spouse a Veteran? Yes ____ No ____

Do you receive benefits now? Yes ____ No ____

PRE-PLANNED FUNERAL ARRANGEMENTS

Does the Applicant Have A Living Will? Yes ____ No ____

Does the Applicant Have an Irrevocable Burial Fund? Yes ____ No ____

Has the Applicant Prepaid Funeral Arrangements? Yes ____ No ____

Funeral Home Name _____ Phone No. _____
Address _____

Cemetery Name/Address _____

Church Affiliation _____ **Pastor** _____

Street Address _____ **City** _____ **Zip Code** _____

FINANCIAL INFORMATION - MONTHLY INCOME

Please complete all sections.

Applicant

1) Social Security \$ _____ Pension \$ _____
Company Name _____
Trusts \$ _____ Financial Institution _____

Spouse

2) Social Security \$ _____ Pension \$ _____
Company Name _____
Trusts \$ _____ Financial Institution _____

Other Monthly Income

1) \$ _____ Source _____
2) \$ _____ Source _____
3) \$ _____ Source _____

ASSETS (Includes any Homes or additional properties or Vehicles)

Residence/Real Estate _____ Approximate Value \$ _____
Address _____

Vehicle #1: Year, Make, Model _____ Value \$ _____

Vehicle #2: Year, Make, Model _____ Value \$ _____

OTHER ASSETS (Includes 401Ks, Annuities, Bonds, Certificates of Deposits, IRAs, or Stocks, etc...)

BANK ACCOUNTS (Includes Personal checking, savings; Joint checking or savings; Holiday Club, etc...)

Bank	_____	Type Acct	_____	Amount \$	_____
Bank	_____	Type Acct	_____	Amount \$	_____
Bank	_____	Type Acct	_____	Amount \$	_____
Bank	_____	Type Acct	_____	Amount \$	_____

LIABILITIES (Includes but is not limited to Health Care Premiums; Car Payments; Mortgage; Credit Cards)

LIFE INSURANCE POLICIES:

Company _____ Face Value \$ _____ Premium \$ _____

Company _____ Face Value \$ _____ Premium \$ _____

Company _____ Face Value \$ _____ Premium \$ _____

LONG TERM CARE INSURANCE POLICY: Yes No

Company _____ Face Value \$ _____ Premium \$ _____

Have you made a gift or transferred, without full and fair consideration, any assets or Personal Property or Real Estate in the past year? (Please explain and include comments on additional paper, if needed.)

I understand that Arbutus Park Manor Retirement Community retains the right to accept or reject any application consistent with the law. I certify that all of the information submitted on this Application is true and correct, and I understand the submission of false information may constitute grounds for rejection of this Application or my discharge after admission. (***Please sign the appropriate line below***)

Date _____ Applicant
Signature _____

Date _____ Legal Representative Signature _____

Relationship to Applicant _____