ARK
HEALTHCARE &
REHABILITATION

# APPLICATION FOR ADMISSION

Date:_____ Referral Source:_____

Applicant's Name:_____
Address:_____ Own/Rent:_____
_____
Home telephone:_____ Email address:_____
Date of Birth:_____ Marital Status: S D M W
Applicant is currently at:_____home_____hospital_____nursing home _____
Other (please Specify)_____
Reason placement is requested:_____
_____

**Social Information:**

Birthplace_____ Primary Language_____
Religion_____ Parish_____
Previous Occupation(s)_____
Veteran: Yes No Spouse of a veteran: Yes No Discharge Status:_____
Is the applicant a US Citizen: Yes No

**Billing Information:**
Individual responsible for handling finances:

Name:_____ Relationship to applicant:_____
Home Address:_____
City:_____ State:_____
Telephone: (home)_____ (business)_____

**Insurance Disclosures:**
Social Security #:_____
Medicare #:_____
Medicaid #:_____
Other Insurance (name and #):_____
_____

Do you own a Partnership- approved long-term care insurance policy? Yes No

If yes, please specify:_____

**Medicaid Information:**
Is the applicant currently receiving Title XIX (Medicaid) assistance? Yes No
If no, has the applicant applied for Title XIX (Medicaid) assistance? Yes No
If yes, when did the applicant apply?_____

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**Medical Information:**

Primary Physician:_____

Hospital Preference:_____

Current Diagnosis:_____

Past Medical History:_____

_____

_____

Allergies:_____

Height:_____ Weight:_____

Does applicant have any infractions and/or communicable diseases?_____

_____

_____

Please list all medications applicant is currently taking:_____

_____

_____

_____

_____

**Legal Arrangement:** (please provide a copy of each)

| | | |
|---|---|---|
| Living will: | Yes | No |
| Power of Attorney: | Yes | No |
| Conservator: | Yes | No |

Funeral Home:_____

Address:_____

_____

Contact Name:_____ Phone:_____

*ARK Healthcare and Rehabilitation participates with Medicare and Medicaid programs. There are some HMO's which we do not participate with. Copies of insurance cards will be required prior to admission. *

_____ _____

Applicant/Responsible Party Date

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## APPLICANT'S FINANCIAL STATEMENT

**Applicant's Income**

| | | |
|---|---|---|
| Social Security | $_____/MO. | |
| Pension | $_____/MO. | Source_____ |
| Annuity | $_____/MO. | Source_____ |
| Interest | $_____/MO. | Source_____ |
| Dividends | $_____/MO. | Source_____ |
| Other | $_____/MO. | Source_____ |

Does the applicant receive income from or have any interest in any trust?

Yes_____ No_____

If yes, please describe and provide a copy of the trust instrument:

_____

_____

**Applicant's Assets** (Note: If any asset is jointly held, please give name of joint owner)

Real Estate (Please describe and give approximate value): _____

_____

_____

Is there a reverse mortgage on the real estate: Yes No

Is there any foreclosure proceedings on the real estate? Yes No

Was this real estate the applicant's home prior to entering a nursing home?

Yes_____ No_____

Is the applicant's spouse living in the home?

Yes_____ No_____

Stocks and Bonds (Please describe and give approximate value):_____

_____

_____

_____

Bank Accounts (Please describe and give current balances): _____

_____

_____

_____

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Life Insurance (List only policies having a cash surrender value and give approximate cash surrender value):_____

_____

Other (Please describe fully and give value):_____

_____

_____

Does the applicant have a "life use" of any real estate (any ownership interest, in full or in part, for his or her lifetime, or the right to occupy for his or her lifetime)?

Yes_____ No_____

If yes, please describe:

_____

_____

**Transfer of Assets**

Within sixty (60) months prior to the date of this application, has the applicant or the applicant's spouse given away assets of any kind (cash, securities, real estate, etc.) or transferred assets of any kind for less than the market value? If so, please describe fully all such gifts or transfers in excess of $1,000, including the asset transferred, names, addresses, and relationships to you of the person to whom the gift or transfer was made, and the value of the gift or transfer.

_____

_____

Within sixty (60) months prior to the date of this application, has the applicant or the applicant's spouse created any trusts or placed funds or any other in a trust that already existed?

Yes_____ No_____

If yes, please describe and provide a copy of the trust instrument:

_____

_____

I hereby certify that I have fully investigated the applicant's financial records and that this is a true and complete statement of the applicant's current income and assets and any gifts or transfers for less than fair market value in excess of $1,000 and any trusts created or transfers of assets to any trust that applicant or his or her spouse has made.

I affirm that to the best of my knowledge, the information submitted in this application is accurate. I understand that misrepresentation is a basis for both resident admission denial and discharge.

_____ _____

Resident/Responsible Party Date