# ADMISSION APPLICATION FOR BERKS HEIM NURSING AND REHABILITATION

**SECTION ONE – Personal information** 

| (First)                   | (Middle)                  | (La               | st)          |
|---------------------------|---------------------------|-------------------|--------------|
|                           |                           |                   |              |
| (City)<br>Telephone ( )   | (County)                  | (State)           | (Zip)        |
| Applicant is currently at | t 🗆 Home 🗆 Personal Care/ | Assisted Living   |              |
| □ Other Nursing Facili    | ity                       | 🗆 Hospital _      |              |
| Current Age               | Date of Birth             | Sex 🗆 Ma          | le 🗆 Female  |
| Social Security Number    |                           |                   |              |
| Religious Affiliation     | Ch                        | urch/Temple Name_ |              |
| City                      | State Zip                 | Phone             |              |
| Place of Birth            |                           | _                 |              |
| Maiden Name               |                           | _                 |              |
|                           |                           |                   |              |
|                           |                           |                   |              |
| Occupation                |                           | _                 |              |
| <b>Contact Persons(s)</b> |                           |                   |              |
| Name                      | Address                   | Relationship      | Phone        |
|                           |                           |                   | Home         |
|                           |                           |                   | Work<br>Cell |
|                           |                           |                   | Email        |
|                           |                           |                   | Home         |
|                           |                           |                   | Work         |
|                           |                           |                   | Cell         |
|                           |                           |                   | Email        |
|                           |                           |                   | 1            |
| Funeral Home              |                           |                   |              |

### 10. Please list power of attorney or legal guardian appointed to manage your affairs and check the type. \*\*Note – At time of admission, please submit copy of the legal document\*\*

|                       | Name | Address | Phone |
|-----------------------|------|---------|-------|
| □ Financial & Medical |      |         |       |
|                       |      |         |       |
| □ Financial Only      |      |         |       |
|                       |      |         |       |
| □ Medical Only        |      |         |       |
|                       |      |         |       |
| □ Court Appointed     |      |         |       |
| Legal Guardian        |      |         |       |

Does Applicant have a Living Will? □ Yes □ No

### **SECTION TWO – Health Insurance & Prescription Drug Coverage**

### **11.** Complete all that apply:

| Coverage                     | Name | Policy Number |
|------------------------------|------|---------------|
| Medicare                     |      |               |
| HMO/PPO/POS (Managed Care    |      |               |
| Plan) or Medicare Supplement |      |               |
| Long-Term Care Insurance     |      |               |
| Prescription Drug Plan       |      |               |

\*\*Please submit copies of all insurance cards and long-term care policies as soon as possible\*\*

### **SECTION THREE – Financial Information**

#### **12.** Please list monthly income from all sources

| Social Security  | \$           |
|------------------|--------------|
| Pension          | \$<br>Source |
| Annuity          | \$<br>Source |
| Interest         | \$           |
| Dividends        | \$           |
| Veterans Benefit | \$           |
| SSI Benefit      | \$           |
| Other            | \$<br>Source |
|                  |              |

13. Please list cash assets from savings accounts, checking accounts, certificates of deposit (CD's), money market funds, etc. Please also indicate single or joint ownership (use additional paper if necessary)

| Institution | Type of account | Amount | Ownership        |
|-------------|-----------------|--------|------------------|
|             |                 | \$     | 🗆 Single 🗆 Joint |
|             |                 | \$     | 🗆 Single 🗆 Joint |
|             |                 | \$     | 🗆 Single 🗆 Joint |
|             |                 | \$     | 🗆 Single 🗆 Joint |

| Life Insurance Company | Face Value | Cash/Surrender Value |
|------------------------|------------|----------------------|
|                        |            |                      |
|                        |            |                      |
|                        |            |                      |
|                        |            |                      |

### 14. Please list any Stocks, Bonds, and Mutual Funds held

| Institution | Type of account | Current Value | Ownership        |
|-------------|-----------------|---------------|------------------|
|             |                 | \$            | 🗆 Single 🗆 Joint |
|             |                 | \$            | 🗆 Single 🗆 Joint |
|             |                 | \$            | 🗆 Single 🗆 Joint |
|             |                 | \$            | 🗆 Single 🗆 Joint |

# 15. Real Estate Owned

# **Primary Home:**

| Primary Home:             |                          |                | -                |
|---------------------------|--------------------------|----------------|------------------|
| A                         | ddress                   | Assessed Value | Estimated Value  |
|                           |                          | \$             | \$               |
|                           |                          |                |                  |
|                           |                          | Ownership      | 🗆 Single 🗆 Joint |
| Are there any liens again | st this property? 🛛 🗆 Ye | es 🗆 No        |                  |
| If yes, is it a:          | First Mortgage           | Amou           | nt \$            |

□ Home Equity□ Reverse Mortgage

Amount \$\_\_\_\_\_ Amount \$\_\_\_\_\_

| Does anyone currently live in your Primary Hom | e?  □ Yes □ No If yes, please list: |
|--|-------------------------------------|
| Name   | <b>Relationship to you</b>          |
|  |                                     |
|  |                                     |
|  |                                     |
|  |                                     |

#### **Other Real Estate Owned:**

| Address                                    |      | Asses  | ssed Value | <b>Estimated Value</b> |
|--|------|--------|------------|------------------------|
|  |      | \$     |            | \$                     |
|  |      |        | Ownership  | 🗆 Single 🗆 Joint       |
| Are there any liens against this property? | □ Ye | s 🗆 No |            | . <b>A</b>             |
| If yes, please list: Name                  |      |        | Amou       | int \$                 |

16. Have you given away, or transferred any money, stocks, bonds, personal property, real estate, mortgages or anything else of value during the last five years? □ Yes □ No If yes, please specify:

| Transferred to Whom | Date of Transfer | Amount or Value |
|---------------------|------------------|-----------------|
|                     |                  | \$              |
|                     |                  | \$              |
|                     |                  | \$              |

#### **17.** Other assets (vehicles, etc.)

| Asset | Estimated Value |  |
|-------|-----------------|--|
|       | \$              |  |
|       | \$              |  |
|       | \$              |  |

I attest that all information is truthful, and understand that any misrepresentation or omission of information on this application will disqualify me from admission to the facility indicated and will be cause for discharge if discovered after my admission.

Signature of Applicant

Date

Signature of person completing application if other than applicant

Date