

Does the applicant have a financial Power of Attorney? _____ Yes _____ No
If yes, name of Power of Attorney _____

Does the applicant have an Advanced Directive? _____ Yes _____ No
Indicate the type of Advanced Directive:
_____ Durable Power of Attorney for Healthcare Name: _____
_____ Living Will

Does the applicant have a Legal Guardian? _____ Yes _____ No
Guardian of the Person: _____ Guardian of the Estate: _____ Both: _____
Name of Guardian: _____

Financial:

** Remember to make the caller aware of our cost per day and ask them if they will need to apply for MA?
(Financial Dept. needs to be aware)
Will patient need to apply for MA on admission: YES or NO

Medical Insurance:

Medicare #: _____ Other/HMO ID #: _____

Secondary Insurance Name: _____
Identification #: _____ Group #: _____ Plan: _____

ACCESS/Medical Assistance: _____ Yes _____ No ID #: _____

MA/HMO: _____

Long-Term Care Insurance:

Company Name: _____ ID #: _____ Group # _____

****NEXT OF KIN: (if none, name of interested party)**

1) Name/Relationship: _____	2) Name/Relationship: _____
Address: _____ _____	Address: _____ _____
Home Phone # _____	Home Phone # _____
Work Phone # _____	Work Phone # _____
Cell/Pager # _____	Cell/Pager # _____

Criminal History:

Has the applicant ever been convicted of, or plead guilty or entered a nolo contendere plea to a felony? If so, explain the circumstances. _____

