



Willow Point Rehabilitation & Nursing Center Application for Admission

Full Name: _____

Address: _____

Birth date: _____ Sex _____ Marital Status: _____

Social Security#: _____ Physician: _____

Veteran: Yes No Veteran's Spouse: Yes No

Is admission intended for a short stay or a long stay?

Contact Person(s): _____

1. Name: _____ Relationship: _____

(Address)

(Home Phone) (Work Phone) (Cell Phone)

2. Name: _____ Relationship: _____

(Address)

(Home Phone) (Work Phone) (Cell Phone)

Person responsible for financial transactions: _____

This person is (please check all that apply):

Power of Attorney _____ Health Care Proxy _____ Guardian _____

Has Medicaid application been made? Yes No Date: _____

Medicaid#: _____ County: _____

Medicare#: _____ Part A: _____ Part B: _____

Prescription drug coverage: Name _____ Policy # _____

BC/BS Identification#: _____ Group#: _____

Other Insurance: _____
(name and policy number)

Life Insurance: Yes No Company: _____

Bank Accounts (if married, include spouse's and joint accounts):

	Bank	Account#	Balance
Savings	_____	_____	\$ _____
Checking	_____	_____	\$ _____
Other	_____	_____	\$ _____
Other	_____	_____	\$ _____

Assets (List type and amount, include spouse's and joint accounts):

Investments: _____

Real Estate: _____

Have you transferred any assets in the last 5 years? Yes No

If so, please provide details: _____

Monthly Income (if married, include spouse's income):

Social Security: _____

Pension (Name & Amount) _____

Pension (Name & Amount) _____

Veteran's Benefits: _____

Other Income: _____

According to the best of my knowledge and belief, this information is accurate and true in all respects. I understand the facility may check my bank references and credit history, and I authorize this action. All of this information will be kept strictly confidential.

Date

(Signature of individual referred)

Date

(Signature of responsible party)

Federal and State law prohibit skilled nursing facilities from discrimination in admission, retention, and care of patients or residents on the basis of race, creed, color, national origin, sex, age, marital status, sponsor, handicap, or sexual preference.