



Check level of care you are applying for



Applicant Name: _____ Social Security #: _____

Date of Birth: _____

Marital Status: (circle one) Single Married Widowed Divorced Legally Separated

Current Address: _____

Address City State Zip

County: _____ Home Phone #: _____

Present Location: _____

Primary Care Physician: _____

Health Insurance Coverage: (Provide copies of cards for all that apply)

Medicare: Part A: Yes / No Part B: Yes / No Medicare Advantage: Yes / No

Medicare #: _____

Medicaid: Community: Yes / No Long Term Care: Yes / No

Applying Date (if you do not have either yet): _____

County: _____ Case Worker: _____

Medicaid #: _____

Effective Date: _____

Medicare Supplemental Insurance: _____

Address: _____

Policy #: _____

Medicare D Prescription Plan: _____

Name: _____ Policy #: _____

Address: _____

LTC Policy

Name: _____ Policy #: _____

Address: _____

Emergency Contacts/Advance Directives: (Provide copies of any Advance Directives)

Name: _____ Name: _____

Address: _____ Address: _____

Relationship: _____ Relationship: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Power of Attorney: Yes / No Power of Attorney: Yes / No

Health Care Proxy: Yes / No Health Care Proxy: Yes / No

DNR Yes / No MOLST Yes / No

Please complete the following concerning your financial situation with accuracy, rounded to the nearest hundred dollars.

		Applicant	Spouse
Income:	Total Monthly Pension	\$ _____	\$ _____
	Monthly Social Security	\$ _____	\$ _____
	Monthly Interest Income	\$ _____	\$ _____
	Monthly Dividend Income	\$ _____	\$ _____
	Monthly Investment Property (Rent)	\$ _____	\$ _____
	VA Benefits	\$ _____	\$ _____
	Other	\$ _____	\$ _____
Income:	Savings Accounts	\$ _____	\$ _____
	Checking Accounts	\$ _____	\$ _____
	Stocks / CD's / Bonds	\$ _____	\$ _____
	Personal Home (Assessed Value)	\$ _____	\$ _____
	Other Real Estate	\$ _____	\$ _____
	IRA's	\$ _____	\$ _____
	Various Tax Shelters	\$ _____	\$ _____
	Cash Value Life Insurance	\$ _____	\$ _____
	Automobile / Motor Home	\$ _____	\$ _____
	Other	\$ _____	\$ _____
Total amount of all Assets:	\$ _____	\$ _____	

Revocable Trust Yes / No **Irrevocable Trust** Yes / No **Burial Trust** Yes / No **Funeral Home** _____

Transfer of assets & gifts within the last Five Years, values at \$2000 or more, including home:

Assets Transferred	\$ Amount / Value	Date of Transfer	Receiver Name

You may be asked to provide copies of bank and/or investment account statements to verify assets; the first two pages of your most recent IRS form 1040; the interest and dividend schedule from your most recent income tax return, or records of gifts in excess of \$2000 made within the last five years. The McHarrieLife Senior Community reserves the right to conduct credit checks.

Important Notice: McHarrieLife relies on the information disclosed in this profile in making decisions regarding admission. If you are unable to pay for the cost of care because you give away (divest) income or assets (legal or otherwise), you may be discharged if you are unable to pay for services. As a prospective resident, you should be aware that public funding of your stay is NOT guaranteed. That decision is made by the Department of Social Services (DSS) and not by McHarrieLife.

I attest that the information reported on this is true and accurate. I understand that the McHarrieLife is entitled to rely on the information disclosed on this profile in making decisions regarding admission. I agree to advise the McHarrieLife of any changes to the asset, liability or income information supplied on this form prior to or after admission.

Unless otherwise stated, this application may be shared with any of our McHarrieLife Community affiliates.

Applicant Signature: _____ Date: _____

Person Completing Form: _____ Date: _____

Submitting an application does not guarantee admission nor does it mean that an applicant will be automatically placed on a waiting list. Placement is only offered after an application is fully reviewed by the Admissions Committee and is approved for admission.

STATE AND FEDERAL LAWS PROHIBIT DISCRIMINATION IN ADMISSION, RETENTION AND CARE OF RESIDENTS ON THE BASIS OF RACE, CREED, COLOR, BLINDNESS, MARITAL STATUR, PHYSICAL HANDICAP, NATIONAL ORIGIN, SEX, SEXUAL PREFERENCE OR SPONSOR.