



ADMISSION APPLICATION

Bethel Home • Eden Meadows Rehabilitation Suites & Green House Homes • Elijah's Place • Gabriel's Villa

Welcome and thank you for considering Miravida Living for your senior living experience. We look forward to receiving your information and beginning a relationship with you and your loved ones. Please complete the application and return to Health Management Director, Kayla Harlock via fax at (920) 232-5247 or email at kharlock@miravidaliving.com. Should you have questions, don't hesitate to contact us at (920) 235-3454.

RESIDENT INFORMATION

Resident Name:				
	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Maiden</i>
Home Address:				
	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Primary Phone:		Email Address (if available):		
Date of Birth:		Birthplace:	Sex (check)	Male Female
Has applicant ever lived in any other retirement or nursing home in the past 12 months? (check)			Yes	No
Marital Status (check):	M S W Sep D	Name of Spouse:		

CONTACT INFORMATION

Primary Contact:		Relationship:		
Address:			City, State and Zip:	
Phone:		Email:		
Secondary Contact:		Relationship:		
Address:			City, State and Zip:	
Phone:		Email:		



FINANCIAL AND INSURANCE INFORMATION

Medicare	Yes	No	
Medical Assistance	Yes	No	
Medical Advantage Plan	Yes	No	If yes, provider name:
Medicare Supplemental Insurance	Yes	No	If yes, provider name:
Prescription Drug Plan (or Medicare Part D)	Yes	No	If yes, provider name:
Private Health Insurance	Yes	No	If yes, provider name:
Long Term Care Insurance	Yes	No	If yes, provider name:

MONTHLY INCOME

Social Security/month	\$
Pension Income/month	\$
Other Income/month	\$

LIABILITIES

Rent or Mortgage	\$
Credit Cards	\$
Loans	\$
Other Debt	\$

ASSETS

Checking and Savings Account	\$
Stocks and Bonds	\$
Annuities	\$
IRA's	\$
Life Insurance (Cash Value)	\$
Your Home Value	\$
Other Real Estate	\$
Other Monthly Assets (in total)	\$

SIGN AND RETURN

Our decision making processes and how to proceed with this potential resident relies on the representation in this application. By signing this application, you agree the information included is accurate to the best of your knowledge.

Signature of Person Completing Information:	
Date:	

