

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

PERSONAL 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:		
Social Security Number:		Sex (circle)	Male	Female
Marital Status (circle):	M S W Sep D	Name of Spouse:		Marriage Date:
Has applicant ever lived in any other retirement or nursing home? (circle) Yes No				
If yes:	Where?		When?	

HEALTH INFORMATION

Physical, mental and emotional status:

Name of Primary Physician:		Phone:	
Name of Dentist:		Phone:	
Other Physician and Specialty:		Phone:	
Other Physician and Specialty:		Phone:	
Other Physician and Specialty:		Phone:	
Other Physician and Specialty:		Phone:	



EMERGENCY CONTACTS

Name:				Relationship:			
	Address:				City, State and Zip:		
	Phone (Home):		Phone (Work):		Phone (Mobile):		
	Email:				Other form of contact:		
Name:				Relationship:			
	Address:				City, State and Zip:		
	Phone (Home):		Phone (Work):		Phone (Mobile):		
	Email:				Other form of contact:		

INSURANCE INFORMATION

Medicare Number:				Medicaid Number (Medical Assistance, Title 19):			
Medicare Hospital Insurance (Plan A)	Yes	No	Medicare Medical Insurance (Plan B)	Yes	No		
Health Insurance Plan:							
	Group Number:				ID/Policy Number:		
	Address of Plan:				City, State and Zip:		
	Phone (Home):				Plan Website:		
Additional Health Insurance Plan:							
	Group Number:				ID/Policy Number:		
	Address of Plan:				City, State and Zip:		
	Phone (Home):				Plan Website:		
Prescription Insurance Plan:							
	Policy Number						



MONTHLY INCOME INFORMATION (APPLICANT'S SOURCE OF PAYMENT)

Social Security/month	\$	Veterans Benefit/month	\$	Veterans Benefit Claim #	
Pension Income/month	\$	Company:			
Income from Savings/Annuities	\$	Other Source:			\$

PROPERTY AND FINANCIAL ASSETS

Location and Description:					
Yearly Income:	\$	Value:	\$	Mortgage:	\$
If no property owned presently, give location of last property owned:					
Year Sold:		Sale Price:	\$		
Any gifts of money or transfers, and amounts:					
Stocks and Bonds:	\$	Other	\$		
Savings Account	Balance:	\$	Bank:		City:
Checking Account	Balance:	\$	Bank:		City:
Certificates of Deposit	Balance:	\$	Bank:		City:
IRA's	Balance:	\$	Bank:		City:
Other Assets	Balance:	\$	Bank:		City:

SIGN AND RETURN

In completing this application, I am aware the Miravida Living will rely upon the accuracy of my statements contained herein. I understand that I may be requested to update this application when Miravida Living considers it necessary. Therefore, I declare that all information provided in this application is true, full and complete.

Signature of Person Completing Information:		
Date:		

