

## APPLICATION FOR ADMISSION

Please print clearly. All blanks must be filled in. If any field is not applicable, please insert "n/a".

IDENTIFYING INFORMATION			
Name _____		Date of Birth _____	
		Male ___ Female ___	
Address _____		City, State, Zip Code _____	
Marital Status _____ (S=Single, M=Married, W=Widowed, D=Divorced)		Social Security # _____	
Present location of applicant _____		Spouse Name _____	
Telephone _____		Veteran Yes ___ No ___	
		Spouse Veteran Yes ___ No ___	
Name of prior nursing/rehab facility _____		Dates _____	
RESPONSIBLE PERSONS			
<b>Who manages or assists the applicant with his/her financial obligations?</b>			
Name _____		Relationship to Applicant _____	
Address _____		City, State, Zip Code _____	
Telephone Home _____		Work _____	
		Cell _____	
Email _____		Bank Power of Attorney Y/N _____	
		Durable Power of Attorney Y/N _____	
Health Care Proxy Y/N _____		Committee of Estate Y/N _____	
		Conservatorship/Guardian Y/N/Pending _____	
<b>Who manages or assists the applicant with his/her personal needs and health care decisions?</b>			
Name _____		Relationship to Applicant _____	
Address _____		City, State, Zip Code _____	
Telephone Home _____		Work _____	
		Cell _____	
Email _____		Health Care Proxy Y/N _____	
HEALTH INFORMATION			
Primary Physician _____		Address _____	
Most recent hospitalization: Why? _____ Where? _____ When? _____			
Do you smoke Y/N _____ Have you ever been treated for mental illness Y/N _____			
Alcoholism Y/N _____ Drug Addiction Y/N _____			
INSURANCE COVERAGE			
Medicare? Yes ___ No ___		Long Term Care Insurance Yes ___ No ___	
		If Yes, name _____	
Medicaid Pending Y/N _____		If Yes, date applied _____	
		By whom _____	
<b>COPIES OF ALL INSURANCE CARDS WILL NEED TO BE PROVIDED AT TIME OF ADMISSION</b>			
REAL ESTATE			
Do you own a primary residence? Yes ___ No ___		If Yes, Value \$ _____	
Type of ownership interest Sole ___ Joint ___		Life Estate ___ Other (explain) _____	
Joint owner's name and relationship _____			
Liabilities against property:			
Mortgage:	\$ _____	Reverse Mortgage	\$ _____
Home Equity Loan	\$ _____	Other: _____	\$ _____
Home Equity Line of Credit	\$ _____	Other: _____	\$ _____
Do you own: Vacation Home? ___ Rental Property? ___ Commercial Property? ___ Vacant Land? ___ Other? ___			

BEECHWOOD CONTINUING CARE IS AN EQUAL OPPORTUNITY EMPLOYER. WE ALSO AFFIRM THAT ALL PERSONS SEEKING ADMISSION TO OUR HOMES AND ALL RESIDENTS OF OUR HOMES ARE ENTITLED TO SERVICES WITHOUT REGARD TO AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, BLINDNESS, DISABILITY, SPONSOR, MARITAL STATUS, SEXUAL PREFERENCE OR RELIGION.

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**Applicant Name:**

RESOURCES		
	Applicant	Spouse
Social Security	\$ _____	\$ _____
Retirement Pension	\$ _____	\$ _____
Veteran's Pension	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____
Other (Specify): _____	\$ _____	\$ _____
Total Monthly Income	\$ _____	\$ _____
Comments	\$ _____	\$ _____
	\$ _____	\$ _____

ASSETS					
	Value	Joint?		Value	Joint?
Life insurance (Cash Value)	\$ _____	Y/N	401k/403b	\$ _____	Y/N
Checking/Savings/CDs	\$ _____	Y/N	Stocks	\$ _____	Y/N
IRA #1	\$ _____	Y/N	Bonds	\$ _____	Y/N
IRA #2	\$ _____	Y/N	Mutual Funds	\$ _____	Y/N
IRA #3	\$ _____	Y/N	Other: _____	\$ _____	Y/N

LIABILITIES					
Personal Loans	\$ _____	Y/N	Other (Specify)		
Credit Cards	\$ _____	Y/N		\$ _____	Y/N
Other Loans	\$ _____	Y/N		\$ _____	Y/N

TRANSFERS OF MONEY, PROPERTY OR OTHER ASSETS	
Has the applicant transferred assets within the last five years? Yes _____ No _____	
If yes, list all transfers of money, property or other assets within the last five years (including gifts). Please provide the amount, type and date of each transfer. Please check here if continued on a separate piece of paper: _____	
_____ _____	
Has the applicant, their spouse or children ever created a trust, placed any items in a trust, or are named as a trustee or beneficiary on a trust? Yes ___ No ___ Please check here if continued on a separate piece of paper: _____	
Type of Trust: _____	Trustee: _____
Date of Trust: _____	Beneficiary: _____

I acknowledge that Beechwood will rely on the above information and representations in making its decision regarding admission of the applicant. I personally warrant that all of the above information and representations are accurate and complete.

\_\_\_\_\_  
 Applicant Date Representative Date

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**Applicant Name:**

*Type of Property _____		Value of Property _____	
Address of Property _____			
Type of ownership interest Sole _____ Joint _____ Life Estate _____ Other (explain) _____			
Joint Owner's Name and Relationship _____			
Liabilities against Property:			
Mortgage:	\$ _____	Other:	_____
Home Equity Loan:	\$ _____	_____	\$ _____
Home Equity Line of Credit	\$ _____	_____	\$ _____
*Type of Property _____		Value of Property _____	
Address of Property _____			
Type of ownership interest Sole _____ Joint _____ Life Estate _____ Other (explain) _____			
Joint Owner's Name and Relationship _____			
Liabilities against Property:			
Mortgage:	\$ _____	Other:	_____
Home Equity Loan:	\$ _____	_____	\$ _____
Home Equity Line of Credit	\$ _____	_____	\$ _____
*Type of Property: _____		Value of Property _____	
Address of Property: _____			
Type of ownership interest: Sole _____ Joint _____ Life Estate _____ Other (explain): _____			
Joint Owner's Name and Relationship: _____			
Liabilities against Property:			
Mortgage:	\$ _____	Other:	_____
Home Equity Loan:	\$ _____	_____	\$ _____
Home Equity Line of Credit	\$ _____	_____	\$ _____
*Type of Property: _____		Value of Property _____	
Address of Property: _____			
Type of ownership interest: Sole _____ Joint _____ Life Estate _____ Other (explain): _____			
Joint Owner's Name and Relationship: _____			
Liabilities against Property:			
Mortgage:	\$ _____	Other:	_____
Home Equity Loan:	\$ _____	_____	\$ _____
Home Equity Line of Credit	\$ _____	_____	\$ _____
*Types of Property: Primary Residence, Vacation Home, Rental Property, Commercial Property, Vacant Land, etc.			

**NOTE: THIS APPLICATION MUST BE COMPLETED BEFORE YOU WILL BE CONSIDERED FOR ADMISSION.**

**SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ADMISSION OR THAT YOU WILL BE PLACED ON A WAITING LIST.**