



Willow Brook

Application for Admission

All programs and services are made available without regard to race, color, creed, gender, national origin or other unlawful grounds

Areas of interest:

- Cherith Care Center Skilled Nursing
- Centrum Assisted Living
- Passages Secured Unit

- Delaware Run Assisted Living
- Delaware Run Memory Care—secured unit
- Willow Brook Christian Home Skilled Nursing
- Willow Brook Christian Home Assisted Living

I. PERSONAL INFORMATION:

Applicant's Name _____ Telephone Number _____

Address (City, State & Zip) _____ County _____

Marital Status _____ Date of Birth _____ Age _____ Present Housing type (apt./house, etc.) _____

II. POWER OF ATTORNEY/GUARDIAN AND FAMILY INFORMATION:

List the name and addresses of your power of attorney/guardian and others who should be notified in an emergency:

1. Name: _____ Relationship: _____ email: _____
 Address (City, State & Zip): _____
 Home Phone: _____ Cell Phone: _____ Work: _____

2. Name: _____ Relationship: _____ email: _____
 Address (City, State & Zip): _____
 Home Phone: _____ Cell Phone: _____ Work: _____

3. Name: _____ Relationship: _____ email: _____
 Address (City, State & Zip): _____
 Home Phone: _____ Cell Phone: _____ Work: _____

III. INSURANCE INFORMATION

Social Security Number: _____

Medicare Number: _____

Part A: Yes No Effective date: _____

Part B: Yes No Effective date: _____

Medicare Advantage Plan (if applicable): _____

Policy # _____ Group # _____

Medicaid Number (if applicable): _____

Supplemental/Secondary Insurance Plan: _____

Policy Number: _____

Group Number: _____

Prescription coverage: _____

IV. FINANCIAL INFORMATION	Applicant	Spouse	Comments
Monthly income			
Social Security			
Pensions			
Income from savings/investments			
Total monthly income:			
ASSETS			
Cash on hand			
Checking account			
Savings account			
Stocks			
Bonds			
Certificates of Deposit (redeemable date)			
Home & other real estate			
Life insurance (cash value)			
Annuity (cash value)			
Trust (<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable)			
<i>Please attach a copy of your Trust document</i>			
Other assets			
Total assets:			
MONTHLY EXPENSES			
Home mortgage			
Automobile loan			
Medication expenses			
Other monthly expenses			
LIABILITIES			
Home mortgage			
Other real estate			
Automobile loan			
Credit card debt			
Other liabilities			
Total monthly expenses:			

HAVE YOU SOUGHT LEGAL COUNSEL FOR:

- A. Financial planning? _____ Yes _____ No
B. Long-term care insurance? _____ Yes _____ No
C. VA benefits? _____ Yes _____ No

V. MEDICAL INFORMATION:

Diagnosis: _____

Describe resident's condition:

- | | | |
|--------------------------------------|--------------------------|-----------------------------|
| _____ Mentally alert | _____ Slightly forgetful | _____ Confused |
| _____ Ambulatory | _____ Walks w/assist | _____ Bed/chair ridden |
| _____ Wanders | _____ Continent | _____ Incontinent |
| _____ Requires help w/feeding | _____ Feeds self | _____ Weight unstable |
| _____ History/current skin breakdown | _____ History of falls | _____ Requires special diet |
| _____ Other _____ | | |

Please be prepared to provide the following required documents prior to or at time of admission:

1. Last two (2) years tax returns
2. Medicare card
3. Social security card
4. Secondary/supplement insurance card
5. Medicaid card (if applicable)
6. Living Will
7. Power of Attorney for Health Care
8. Durable General Power of Attorney for Financial
9. Appointment of Guardianship (if applicable)

Willow Brook is hereby authorized to make an investigation of my financial and credit records through any court records and investigate credit agencies or bureaus of its choice.

AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

Willow Brook has a policy that allows us to debit your bank checking and/or savings account with our pre-authorized automatic withdrawals to pay your monthly invoice. Here are the details:

1. You may use any bank
2. The automatic withdrawals will occur on the 10th of each month
3. If the 10th falls on a weekend or holiday, the withdrawal will occur the next business day
4. Prior to the automatic withdrawal, you will receive a statement from Willow Brook showing the charges and the amount to be withdrawn
5. There is no cost to you for this service
6. You will need to provide the routing and account number for the bank you wish to use for this

service prior to or at the time of admission

- 7. Failure to comply with this policy may result in non-admission and/or discharge from the facility.**

ACKNOWLEDGMENT

I certify that all answers are true and complete to the best of my knowledge, and that the answers accurately reflect my financial situation. I understand that if accepted as a resident, that willful false statements shall be considered sufficient cause to void my Residency Agreement.

I also acknowledge that I have read and understand the policy for pre-authorized payment of services provided by Willow Brook. I also agree to provide the requested banking information prior to or on the day of admission.

Name

Date