



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. All information will remain confidential and will be disclosed to no other person or entity without your consent.

Areas of interest:

- Cherith Care Center Skilled Nursing
- Centrum Assisted Living
- Passages Memory Care—secured unit

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

Willow Brook Christian Communities, a nonprofit faith-based organization, is operated with transparency, honesty and integrity. We expect the same from our residents. Willow Brook requires residents and/or their representatives to fully disclose their financial status. Willow Brook is willing to assist those who need charity if they have spent down their lifetime accumulated wealth without transferring significant assets away from themselves at any point in their life to impoverish themselves. Any transfers made should be discussed with Willow Brook and disclosed in writing by the resident(s).

Do you have a person responsible for handling your financial affairs? No__ Yes __

If yes, what is their authority? _____

Power of Attorney type - Circle one: General, Financial, Limited, Guardian, other

Please identify this person: _____ Relationship to you: _____

Have you done financial planning with an attorney or financial advisor? Please specify and explain. _____

Have you ever distributed assets or income you earned, inherited and accumulated to family, friends, organizations, etc.? Please explain: _____

Please supply complete copies of any and all trusts. Explain why a trust(s) was created.

I. PERSONAL INFORMATION:

Applicant's Name

Telephone Number

Email address

Address (City, State & Zip)

County

Marital Status

Date of Birth

Age

Present Housing type (apt./house, etc.)

Please supply copies if you have signed prenuptial or ante nuptial agreements. First or subsequent marriage (where funds may follow family lines)? _____

II. INSURANCE INFORMATION

Social Security Number: _____

Medicare Number: _____

Medicare Advantage Plan: _____

Part A: Yes No Effective date: _____

Policy # _____ Group # _____

Part B: Yes No Effective date: _____

Medicaid Number (if applicable): _____

Supplemental/Secondary Insurance Plan: _____

Policy Number: _____

Group Number: _____

Prescription coverage: _____

III. FINANCIAL INFORMATION

DISCLOSE ALL ASSETS, LIABILITIES, INCOMES & EXPENSES

	Applicant	Spouse	Comments
ASSETS (Disclose if applicants aren't the beneficiaries)			
Cash on hand, checking, savings accounts			
Individual Retirement Accounts			
Investment accounts, stocks, bonds, other			
Certificates of Deposit (redeemable date)			
Home & other real estate—list all addresses			
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 (specify)			
Total assets:			
LIABILITIES			
Home mortgage			
Automobile loan			
Credit card debt not paid in full monthly			
Other liabilities (specify)			
Total liabilities:			
Net Assets minus Liabilities:			
MONTHLY INCOME			
Social Security			
Pensions/ IRAs - from			
Income from savings/investments or other			
Total monthly income:			
MONTHLY EXPENSES			
Home mortgage and or automobile loans			
Health insurance payments			
Medication expenses			
Other monthly expenses (specify)			
Total monthly expenses:			
Net Monthly Income minus Expenses:			

IV. HAVE YOU SOUGHT LEGAL COUNSEL FOR:

A. Financial planning? _____ Yes ___ No by: _____

B. Long-term care insurance? _____ Yes ___ No by: _____

Dollar value per day _____ Maximum value _____ Attach policy face sheet

C. VA benefits? _____ Yes ___ No by: _____

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 _____		

VI. 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: _____

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)

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.

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

Name

Date

Name

Date