

Lakeland Health Care Center
Admission Financial Application

This Short Term admission application should be completed by all residents admitting to Lakeland Health Care Center who are anticipating a short-term stay.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Alt. Telephone: _____

Sex: ___ Male ___ Female Marital Status: ___ Single ___ Married ___ Divorced ___ Widowed

Were you or your spouse in the Military? ___ Yes ___ No

Have you ever been in another nursing home or rehab facility? ___ Yes ___ No

If yes, when and where: _____

Physician: _____ Hospital preference: _____

Social Security # _____

Please check all that are appropriate and provide a copy of each to the facility:

___ Guardianship ___ Health Care Power of Attorney

___ Financial Power of Attorney ___ Durable Power of Attorney

___ Other (Living Will, 5 Wishes, etc) please list: _____

Medicare #: _____ Traditional Medicare ___ Medicare Advantage Plan _____

If Medicare Advantage, Company: _____ Member #: _____

Medicaid #: _____ Effective or renewal Date: _____

Family Care? ___ Yes ___ No Community Care? ___ Yes ___ No ___

Prescription Drug Plan: _____

Long Term Care Insurance Company: _____

Health Care Insurance Company: _____

Is this a Medicare Supplement? ___ Yes ___ No

Subscriber #: _____ Group #: _____

Does applicant have a spouse living in the community? ____ Yes ____ No

Fixed Monthly Income - Please choose the best option for each:

Social Security: ____ less than \$1000 ____ \$1000 - \$2000 ____ more than \$2000

Pensions: ____ less than \$1000 ____ \$1000 - \$2000 ____ more than \$2000

Annuities or Trust Funds: ____ less than \$1000 ____ \$1000 - \$2000 ____ more than \$2000

Veteran Benefits: ____ less than \$1000 ____ \$1000 - \$2000 ____ more than \$2000

Rental income: ____ less than \$1000 ____ \$1000 - \$2000 ____ more than \$2000

Dividend/Interest: ____ less than \$1000 ____ \$1000 - \$2000 ____ more than \$2000

Other: ____ less than \$1000 ____ \$1000 - \$2000 ____ more than \$2000

Current Assets – Please choose the best option for each:

Stocks, Mutual Funds, Bonds:

____ less than \$50,000 ____ \$50,000 - \$100,000 ____ \$100,000 - \$200,000 ____ more than \$200,000

Savings Accounts, Checking Accounts:

____ less than \$50,000 ____ \$50,000 - \$100,000 ____ \$100,000 - \$200,000 ____ more than \$200,000

Certificates of Deposits:

____ less than \$50,000 ____ \$50,000 - \$100,000 ____ \$100,000 - \$200,000 ____ more than \$200,000

Real Estate:

____ less than \$50,000 ____ \$50,000 - \$100,000 ____ \$100,000 - \$200,000 ____ more than \$200,000

Life Insurance:

____ less than \$50,000 ____ \$50,000 - \$100,000 ____ \$100,000 - \$200,000 ____ more than \$200,000

Other: Please list _____

____ less than \$50,000 ____ \$50,000 - \$100,000 ____ \$100,000 - \$200,000 ____ more than \$200,000

Signature: _____ Date: _____

Relationship to applicant if not self: _____