



Willow Point

Rehabilitation & Nursing Center

Application for Admission

Full Name: _____

Address: _____

Birth date: _____ Gender: _____ Marital Status: _____

Social Security #: _____ Physician: _____

Veteran: Yes No Veteran's Spouse: Yes No

Admission intended for a short stay? or a long stay?

Contact Person(s):

Name: _____ Relationship: _____

Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Name: _____ Relationship: _____

Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Person responsible for financial transactions: _____

This person is (check all that apply):

Power of Attorney Health Care Proxy Guardian

Medicaid application submitted? Yes No Date: _____

Medicaid#: _____ County: _____

Medicare#: _____ Part A: _____ Part B: _____

Prescription drug coverage company: _____ Policy#: _____

BC/BS ID#: _____ Group#: _____

Other insurance (name and policy#): _____

Life insurance: Yes No Company: _____

Bank accounts (if married, include spouse's and joint accounts):

	Bank	Account#	Balance
Savings	_____	_____	\$ _____
Checking	_____	_____	\$ _____
Other	_____	_____	\$ _____
Other	_____	_____	\$ _____

Assets (list type and amount. Include spouse's and joint accounts):

Investments: _____

Real estate: _____

Have you transferred any assets in the last 5 years? Yes No

If so, please provide details: _____

Monthly income (if married, include spouse's income):

Social Security _____
Pension (name & amount) _____
Pension (name & amount) _____
Veteran's benefits _____
Other income _____

To the best of my knowledge and belief, this information is accurate and true in all respects. I understand the facility may check my bank references and credit history, and I authorize this action. All information is kept strictly confidential.

Date Signature of individual referred

Date Signature of responsible party

Federal and State law prohibit skilled nursing facilities from discrimination in admission, retention, and care of patients or residents on the basis of race, creed, color, national origin, gender, age, marital status, sponsor, handicap, or sexual preference.