

CONTACT INFORMATION

Primary Contact in Case of Emergency

Name _____

Relationship _____

Address _____

Phone Numbers Home _____

 Cell _____

 Business _____

Secondary Contact in Case of Emergency

Name _____

Relationship _____

Address _____

Phone Numbers Home _____

 Cell _____

 Business _____

BURIAL INFORMATION

Funeral Director _____ Phone _____

Name of Funeral Home _____

Phone _____

INSURANCE INFORMATION

Please submit copies(front and back) of all insurance cards including PACE and ACCESS cards with this application. Failure to submit copies will delay processing of application.

MEDICAL INFORMATION

Primary Care Physician _____

Referring Physician _____

Hospital Preference _____

Last Hospitalization _____

Dates of stay _____ to _____

SMOKER (X) Yes _____ No _____ St. Leonard's Home, Inc. is a non-smoking facility.

FINANCIAL INFORMATION (Please provide proof of ability to pay room rate)

Income Sources	Amount	Received How Often
Social Security	_____	_____
SSI	_____	_____
Pension	_____	_____
Other	_____	_____

Are you either independently or with help from an agreed upon source able to pay the monthly rate of the accommodation and services you are requesting? Yes _____ No _____

<u>Assets</u>	Approx. Value
Cash on Hand	_____
Checking Accounts	_____
Savings Accounts	_____
Certificates of Deposit	_____
Other	_____
Real Estate	_____
Paid up Life Policies	_____
Life Insurance Requiring Premiums	_____
Irrevocable Burial Account	_____
Prepaid Funeral Amount	_____

LEGAL INFORMATION

Do you have the following legal information? Please check (X) all that apply:

Durable Power of Attorney for Health Care Decisions Yes _____ No _____

Responsible Party (Name) _____

Power of Attorney for Financial Decisions Yes _____ No _____

Responsible Party (Name) _____

Living Will Yes _____ No _____

(A copy of each will be needed prior to admission)

I do swear to and confirm that all information present on this application is factual and current to the best of my knowledge

Signature of Applicant

Signature of person assisting with application

Date Application Signed