

NORWICHTOWN REHABILITATION AND CARE CENTER APPLICATION FORM

FULL NAME OF APPLICANT _____

Information

Social Security #: _____ Title XIX No. _____

Medicare #: _____ Blue Cross No. _____

Other _____

Do you have/own a Partnership approved long-term care insurance policy? Yes No

We will need copies of the following:

MEDICAID CARD
MEDICARE D CARD
MEDICARE CARD

Living Will
Power of Attorney & Conservatorship Documents
Insurance Card(s)

APPLICANT'S INCOME:

| | | | |
|-----------------|----------|-----------------------------|----------|
| SOCIAL SECURITY | \$ _____ | Where is this mailed? _____ | |
| PENSION | \$ _____ | Where is this mailed? _____ | |
| DIVIDENDS | \$ _____ | Where is this mailed? _____ | |
| VA Benefits | \$ _____ | Where is this mailed? _____ | |
| SSI | \$ _____ | Where is this mailed? _____ | |
| CDs | \$ _____ | IRAs | \$ _____ |
| ANNUITY | \$ _____ | OTHER | \$ _____ |
| INTEREST | \$ _____ | | |

DO YOU RECEIVE INCOME FROM OR HAVE ANY INTEREST IN ANY TRUST?

YES _____ NO _____

APPLICANT'S ASSETS

NOTE: IF ANY ASSET IS JOINTLY HELD, PLEASE GIVE NAME OF JOINT OWNER.

REAL ESTATE _____

| | LOCATION | APPROXIMATE EQUITY VALUE |
|--|----------|--------------------------|
| A. WAS REAL ESTATE YOUR HOME PRIOR TO NURSING HOME? | | YES _____ NO _____ |
| B. IS YOUR SPOUSE NOW LIVING IN THIS HOME? | | YES _____ NO _____ |
| C. DO YOU HAVE LIFE USE OF ANY REAL ESTATE? | | YES _____ NO _____ |
| D. WITHIN THE LAST 60 MONTHS PRIOR TO THIS APPLICATION HAVE YOU SOLD OR GIVEN AWAY ASSETS IN EXCESS OF \$1,000.00 OR TRANSFERRED ASSETS FOR LESS THAN FAIR MARKET VALUE? | | YES _____ NO _____ |

DATE _____

**NORWICHTOWN REHABILITATION AND CARE CENTER
APPLICATION FORM**

FULL NAME OF APPLICANT _____

BANK ACCOUNTS

LIST ALL BANK ACCOUNTS: SAVINGS, CHECKING, CERTIFICATES OF DEPOSITS, ETC.

| BANK NAME/TYPE | BALANCE | BANK NAME/TYPE | BALANCE |
|-----------------------|----------------|-----------------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

STOCKS & BONDS (PLEASE DESCRIBE AND GIVE APPROXIMATE VALUE)

LIFE INSURANCE (LIST ONLY POLICIES HAVING A CASH SURRENDER VALUE AND GIVE APPROXIMATE CASH SURRENDER VALUE)

Policy #1: _____

Policy #2: _____

Policy #3: _____

=====

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND RELEASE ALL PARTIES FROM ANY LIABILITY THAT MAY RESULT FROM FURNISHING SAME.

SIGNATURE OF PERSON FILING APPLICATION

DATE