

**OUR LADY OF WISDOM HEALTHCARE CENTER
ADMISSION APPLICATION**

DATE: _____

GENERAL ADMISSION INFORMATION

Medical Record # _____

Resident Name _____

Permanent Address _____

DOB ____/____/____ Age ____ Sex ____ Marital Status _____

Birthplace _____

Religion _____ Church _____

Mortuary _____

Admitted from: Hospital ____ Home ____ Nursing Home ____ Other _____

If hospital, Admit Date ____/____/____ Discharge Date ____/____/____

Primary Physician _____ Alternate _____

Pharmacy _____

PRIMARY RESPONSIBLE PARTY

Name _____ Relationship _____

Address _____
Street City Zip Phone Number Other Number

OTHER RESPONSIBLE PERSONS

Name _____ Relationship _____

Address _____
Street City Zip Phone Number Other Number

Name _____ Relationship _____

Address _____
Street City Zip Phone Number Other Number

HEALTHCARE AND FINANCIAL INFORMATION

Has the resident signed a living will? _____ Yes _____ No

Has anyone been appointed power of attorney? _____ Yes (Provide copy) _____ No

Social Security # _____

Medicare # _____ Part A Effective Date _____

Part B Effective Date _____

Supplemental Insurance Name/Number _____

Has the resident been in the hospital during the prior 30 days? _____ Yes _____ No

If yes, Hospital name _____

Has the resident applied or will the resident be applying for Medicaid? _____ Yes _____ No

If the resident has applied, what was the date? ____ / ____ / ____ Parish _____

MONTHLY INCOME:

Social Security \$ _____

SSI (Supplemental Income) \$ _____

Civil Service Retirement \$ _____

VA Pension/Other Pension \$ _____

Military Retirement \$ _____

Rental Income \$ _____

Annuities/Investments \$ _____

Other (Dividends/Interest) \$ _____

Railroad Retirement \$ _____

Other Income \$ _____

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Financial Disclosure Statement

Applicant's Name / Address / Telephone Number

Date of Application

TO BE COMPLETED BY APPLICANT (or legally Responsible Party)

Please indicate below in round figures your current financial condition. All information provided on this form remains strictly confidential.

MONTHLY INCOME:

Social Security..... \$ _____
Salary from Employment..... \$ _____
Pension or Retirement..... \$ _____
Interest and/or Dividends..... \$ _____
Life Insurance Annuity..... \$ _____
Other Income (please explain) \$ _____

Total Monthly Income..... \$ _____

ASSETS:

Cash in Bank..... \$ _____
Certificates of Deposits (CD's)..... \$ _____
Real Estate..... \$ _____
Stocks and Bonds..... \$ _____
Other..... \$ _____

Total Assets..... \$ _____

LIABILITIES:

Balance Due on Real Estate Loans..... \$ _____
Other Loans Payable..... \$ _____
Other Liabilities..... \$ _____

Total Liabilities..... \$ _____

Total Income (Previous Tax Year for 20____)