

INSURANCE INFORMATION

****Facility is required to have a copy of all insurance cards prior to day of admission****

SOCIAL SECURITY NUMBER? _____

MEDICARE NUMBER _____

NAME OF INSURANCE(other than Medicare) _____

GROUP # _____ **AGREEMENT #** _____ **PHONE # ON CARD** _____

MEDICAL ASSISTANCE/ACCESS NUMBER _____

SECONDARY/MEDIGAP POLICY

NAME OF INSURANCE _____ **GROUP #** _____

AGREEMENT # _____ **PHONE #** _____

PRIVATE LONG TERM CARE INSURANCE

NAME _____ **POLICY #** _____

PHONE # _____

****PLEASE INCLUDE A COPY OF POLICY****

MEDICARE PART D PRESCRIPTION PLAN?

NAME _____ **POLICY #** _____ **AGREEMENT #** _____

MEDICARE BLACK LUNG PROGRAM **YES** **NO**

WHAT IS YOUR RELIGION? _____ **Church Name** _____

Church Address (city, state, zip) _____

Church Phone Number _____ **Pastor's Name** _____

SERVED IN THE MILITARY? **YES** **NO** (Circle one) **Branch of Military** _____

YOUR SPOUSE? **YES** **NO** (Circle one) **Branch of Military** _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? **YES** **NO** (Circle one)

HOW DID YOU HEAR ABOUT BREVILLIER VILLAGE? _____

CHECK BUILDING YOU ARE APPLYING FOR:

- ___ Ball Pavilion - Skilled Nursing Care
- ___ Barnabas Court Personal Care - South
- ___ Barnabas Court Personal Care - North

The information requested is required to evaluate your request for admission. Please complete and return to Brevillier Village, attention: Director of Admissions. All Information will be considered by the Admission Committee and will be held in strict confidence. The acceptance of this form does not bind either party to admission.

ADMISSION POLICY

Brevillier Village admits and treats all residents without regard to race, color, national origin, ancestry, age, sex, religious creed, disability or handicap. As such, no resident shall be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination in the provision of any care or service; on the grounds of race, color, national origin, ancestry, age, sex, religious creed, disability or handicap. There shall be no segregation of building, wings, floors, and rooms for reasons of race, color, national origin, ancestry, age, sex, religious creed, disability or handicap.

By signing this application I authorize Brevillier Village to obtain and use medical information on said applicant in accordance with Privacy Practices contained herein. Information will be kept confidential and HIPAA guidelines will

FINANCIAL INFORMATION

****FINANCIAL SECTION OF APPLICATION MUST BE COMPLETED TO BE CONSIDERED FOR ADMISSION.****

be followed. **Income Information:**

| | Income Sources | Identify Investment Type/Name | Gross Income Type | How Often Paid |
|---|-------------------------------|-------------------------------|-------------------|----------------|
| G | Social Security | _____ | _____ | _____ |
| G | Veterans Benefits | _____ | _____ | _____ |
| G | Pensions | _____ | _____ | _____ |
| G | Railroad Retirement | _____ | _____ | _____ |
| G | Black Lung | _____ | _____ | _____ |
| G | Annuity (Company) | _____ | _____ | _____ |
| G | Payments From a Trust | _____ | _____ | _____ |
| G | Interest/Dividend (Source) | _____ | _____ | _____ |
| G | Other Income | _____ | _____ | _____ |

To whom are the checks sent?
(Guardian, Representative Payee) ^o

Address:

| Resources (Checking, Savings, IRA, CD's, Stocks, etc. List all accounts that include applicant's and/or spouse's name and money) | | | | G | None |
|--|--------------|----------------|-----------------|--------------------------|------|
| Bank Name/Branch | Account Type | Account Number | Current Balance | Name(s) on Account/Owner | |
| | | | | | |
| | | | | | |

| Life Insurance | | | | G | None |
|----------------|----------|------------|--------------------|----------------------|------|
| Company Name | Policy # | Face Value | Current Cash Value | Who Owns the Policy? | |
| | | | | | |
| | | | | | |

| Burial Arrangements | | | G | None |
|-----------------------|------------------|---------------|---|------|
| Funeral Home/Address: | | | | |
| Value of Account: \$ | Date Established | Phone Number: | | |

| Real Estate | | | G | None | | |
|-------------|-------|-------|------------------|------|---|----|
| Location 1 | Owner | Value | Income Producing | | | |
| | | \$ | 9 | Yes | G | No |
| Location 2 | Owner | Value | Income Producing | | | |
| | | \$ | 9 | Yes | G | No |

