



Admission Application

Name: _____
(Last) (First) (Middle)

Birthdate: _____ Age: _____ Sex: Male Female

Marital Status: Never Married Married Legally Separated
 Divorced Widow/er

Current Address: _____

Home phone # _____ Cell phone # _____

Insurance **

Medicare Number: _____ Social Security # _____

Medicaid (T19, Medical Assistance) # _____

Long Term Care Insurance:

Carrier: _____ Policy ID # _____

Health Insurance:

Carrier: _____ Policy ID # _____

Group # _____

Prescription Drugs

ID # _____

** Cedar Bay requires a copy of all insurance cards prior to admission.

Who should be the primary contact person during the admission / assessment process?

Name: _____ Relationship: _____

Home # _____ Work # _____

Cell # _____

Confidential Financial Profile

Note: If a married couple is residing together, both must complete this statement.

Please complete the following concerning your financial situation with accuracy, rounded to the nearest hundred dollars. You must complete each entry for assets, liabilities and monthly income held jointly.

Assets:	Cash on hand	\$ _____
	Savings Account	\$ _____
	Checking Account	\$ _____
	Stocks / CDs	\$ _____
	Bonds	\$ _____
	Personal Home (Assessed Value)	\$ _____
	Other Real Estate	\$ _____
	IRAs	\$ _____
	Various Tax Shelters	\$ _____
	Cash Value Life Insurance	\$ _____
	Business (Interest Owned)	\$ _____
	Automobile / Motor Home	\$ _____
	Pension Plan	\$ _____
	Profit Sharing Plan	\$ _____
	Other	\$ _____
	Total amount of all Assets:	\$ _____

Have any assets been sold, given away or divested in the past 60 months (5 years)?

No Yes, please explain: _____

Liabilities:	Mortgage(s)	\$ _____
	Land Contracts amount owing	\$ _____
	Alimony / Child Support	\$ _____
	Outstanding Loans	\$ _____
	Credit Card balance	\$ _____
	Business (Interest indebtedness)	\$ _____
	Outstanding medical bills	\$ _____
	Other	\$ _____
	Total amount of all Liabilities	\$ _____

Monthly Income

Total Monthly Pension	\$ _____
Monthly Social Security	\$ _____
Monthly Interest Income	\$ _____
Monthly Dividend Income	\$ _____
Monthly Investment Property Income (Rent)	\$ _____
V.A. Benefits	\$ _____
Other	\$ _____

Cedar Bay may ask you to provide copies of bank and/or investment account statements to verify assets, the first two pages of your most recent IRS Form 1040, the Interest and dividend schedule from your most recent income tax return, or records of gifts in excess of \$5,000 made within the last five (5) years. Cedar Bay reserves the right to conduct credit checks.

Cedar Bay estimates that the total monthly cost of all care (excluding medications, supplies and incidentals) at the time of admission is:

\$ _____ per month x 36 months = \$ _____

** ** ** ** **

Important Notice: Cedar Community relies on the information disclosed in this profile in making decisions regarding admission to Cedar Bay. If you are unable to pay for the cost of care because you give away (divest) income or assets (legal or otherwise), you may be discharged if you are unable to pay for services. As a prospective resident of Cedar Bay you should be aware that public funding of your stay is NOT guaranteed. That decision is made by the County's Aging and Disability Resource Center and not Cedar Community.

** ** ** ** **

I attest that the information I have reported on this form is true and accurate. I understand that Cedar Community is entitled to rely on the information disclosed on this profile in making decisions regarding admission to Cedar Bay. I agree to advise Cedar Bay of any changes to the asset, liability or income information supplied on this form prior to or after admission.

Applicant Signature: _____ Date: _____

Person completing form Signature: _____ Date: _____