

# APPLICATION FOR ADMISSION

1. Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_
2. Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
\_\_\_\_\_  
Telephone #: \_\_\_\_\_  
(City) (State) (Zip code) Email Address: \_\_\_\_\_
3. Sex: M \_\_\_\_\_ F \_\_\_\_\_ Present Age \_\_\_\_\_ Birth date: \_\_\_\_\_
4. Marital Status: \_\_\_\_\_ Number of Surviving Children: \_\_\_\_\_
5. Names of living relatives or friends: (Circle two to be notified in an emergency)
  - a. Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
Phone # Home: \_\_\_\_\_ Business: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_
  - b. Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
Phone # Home: \_\_\_\_\_ Business: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_
  - c. Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
Phone # Home: \_\_\_\_\_ Business: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_
  - d. Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
Phone # Home: \_\_\_\_\_ Business: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_
6. Occupation and Employment:
  - a. Usual occupation or profession: \_\_\_\_\_
  - b. Employer name: \_\_\_\_\_
  - c. Date of retirement: \_\_\_\_\_
  - d. Veteran Yes \_\_\_\_\_ No \_\_\_\_\_ Branch of Service: \_\_\_\_\_
7. General Information:
  - a. What is the intention of your requested admission:
    - i. Long Term: \_\_\_\_\_  
Remainder of life: \_\_\_\_\_
    - ii. Short Term - rehabilitation and return to community? \_\_\_\_\_
  - b. Does a "Power of Attorney" exist for the applicant: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what type and who holds: (please provide a copy to Rheems)  
General Power of Attorney: \_\_\_\_\_  
Durable Medical Power of Attorney: \_\_\_\_\_  
Limited Power of Attorney: \_\_\_\_\_  
Name of person holding Power of Attorney: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_
  - c. If no, please list those who handle the affairs of the applicant in order of priority:  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

- d. Does a "Living Will" exist? Yes \_\_\_ No \_\_\_ (If yes, please provide a copy to Rheems)  
If no, is there any intent to execute a Living Will if capable? Yes \_\_\_ No \_\_\_
- e. Real Estate: List all properties owned by applicant. (If more space is needed, please use the back of the form) \_\_\_\_\_

What is the Applicant/Applicant's families intention regarding the above property?

- a) Sell and use proceeds to pay for care at Rheems? \_\_\_\_\_
- b) Retain for applicant to return to after rehabilitation \_\_\_\_\_

8. Financial Summary

a. Present monthly income:

Social Security \$ \_\_\_\_\_  
 Private Pension \$ \_\_\_\_\_  
 Veteran's Pension \$ \_\_\_\_\_  
 Railroad Retirement \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_

b. Present monthly income for investments:

Investment	Monthly Int/Div	Annual Int/Div
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

c. Please list all bank accounts:

Name and Address of Bank	Account numbers	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

d. Please list all stocks, bonds, and other similar assets of the applicant:

Name	# of shares	Present market value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

e. Financial Information:

a. Have you or your spouse transferred any assets into a trust in the past 5 years?

Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

b. Are any assets jointly owned between the applicant and other parties or individuals?

Yes \_\_\_ No \_\_\_ If yes, please list completely: \_\_\_\_\_

c. In the past 5 years have you or your spouse closed, given away, sold or transferred any assets such as: a home, land, personal property, life insurance policies, annuities, bank accounts, certificates of deposit, stocks, IRA, bonds or a right to income? Yes \_\_\_ No \_\_\_

If yes, please list completely:

Assets	Present Market Value
_____	\$ _____
_____	\$ _____

\_\_\_\_\_ \$ \_\_\_\_\_

- f. Do any life estates, trusts or similar documents exist which may have an impact on the applicant? Yes\_\_\_ No\_\_\_
- g. Does the applicant have any debts or obligations? Yes\_\_\_ No\_\_\_  
If yes, please specify: \_\_\_\_\_

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9. Health Insurance Information:

- a. Medicare Number: \_\_\_\_\_
- b. Blue Cross Number: \_\_\_\_\_
- c. Blue Shield Number: \_\_\_\_\_
- d. Other: Name: \_\_\_\_\_  
Number: \_\_\_\_\_
- e. Medical Assistance:  
Does the applicant presently have Medical Assistance? Yes\_\_\_ No\_\_\_  
If yes, what type and number:  
Community M.A. \_\_\_\_\_  
Long Term Care M.A. \_\_\_\_\_  
Other (specify) \_\_\_\_\_  
If no, have you applied: Yes\_\_\_ No\_\_\_  
If yes, what county? \_\_\_\_\_  
Caseworker: \_\_\_\_\_  
When applied: \_\_\_\_\_

10. Burial arrangements:

- a. Preferred Funeral Home: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- b. Person responsible for funeral arrangements or burial responsibility:  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone Number: Business: \_\_\_\_\_ Home: \_\_\_\_\_
- c. Are funeral services pre-paid? Financial Arrangements?: \_\_\_\_\_
- d. Religious arrangements?: \_\_\_\_\_

11. Reason for application: \_\_\_\_\_

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**At Susquehanna Valley Nursing & Rehabilitation Center, no person shall on the grounds of race, color, religion, age, sex, national origin, ancestry, or disability, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination in the provision of any care, service or admission.**

According to my best knowledge and belief, the foregoing information is true and accurate. I understand that all pertinent information primarily but not limited to medical and financial matters must be disclosed fully whether specifically requested or not.

\_\_\_\_\_  
Signature of Person Acting for applicant      Date

\_\_\_\_\_  
Signature of Applicant                              Date