

Creekview Residency Application



This is a confidential application for admission. Completion of this application is not a guarantee of placement. It will be used to assist in determining how to meet the medical, social and psychosocial needs of the potential resident.

Name _____
(Mr./ Mrs./ Miss) Last First

Marital status married widowed divorced single

Spouse _____
(Mr./ Mrs./ Miss) Last First

Home Address _____ City _____ Zip _____

Phone _____ Email address _____

Birth date _____ Spouse birth date _____ Are you a Veteran/Veteran's dependent? yes no

Insurance (yes/no)

- Medicare Medical Assistance
- Medicare Advantage Plan: if yes, provider _____
- Medicare Supplemental Insurance: if yes, provider _____
- Prescription drug plan (or Medicare Part D): if yes, provider _____
- Private health insurance: if yes, provider _____
- Long term care insurance: if yes, provider _____

Funeral Home preference: _____

Have you ever lived in skilled nursing or a nursing home in the last 12 months? yes no

If yes, where? _____ When? _____

Monthly Income

Social Security \$ _____
Pension(s) _____
Other _____

Assets

Checking/savings accounts \$ _____
Stocks/bonds _____
Annuities _____
IRAs _____

Liabilities

Rent or mortgage \$ _____
Credit cards _____
Loans _____
Other debt _____

Life insurance (cash value) _____
Your home _____
Other real estate _____
Other assets _____

I certify that the assets listed above will be available for use toward future expenses at Evergreen. Any misrepresentations could result in termination of the Residency Agreement. All information in this application is the truth to the best of my knowledge.

Signature _____ Date _____

If not prospect, relationship _____ Phone _____