MIRAVIDA LIVING

ADMISSION APPLICATION

Bethel Home • Eden Meadows Rehabilitation Suites & Green House Homes • Elijah's Place • Gabriel's Villa

PERSONAL INFORMATION				
Resident Name:				
	First	*Middle*	*Last*	*Maiden*
Home Address:				
	Address	*City*	*State*	*Zip*
Primary Phone:		Email Address (if available):		
Date of Birth:		Birthplace:		
Social Security Number:		Sex (select)	Male	Female
Marital Status (type):		Name of Spouse:		Marriage Date:
Has applicant ever lived in any other retirement or nursing home? (select)			Yes	No
If yes:	Where?		When?	

HEALTH INFORMATION			
Physical, mental and emotional status:			
Name of Primary Physician:		Phone:	
Name of Dentist:		Phone:	
Other Physician and Specialty:		Phone:	
Other Physician and Specialty:		Phone:	
Other Physician and Specialty:		Phone:	
Other Physician and Specialty:		Phone:	

EMERGENCY CONTACTS

Name:		Relationship:			
	Address:		City, State and Zip:		
	Phone (Home):		Phone (Work):		Phone (Mobile):
	Email:		Other form of contact:		
Name:		Relationship:			
	Address:		City, State and Zip:		
	Phone (Home):		Phone (Work):		Phone (Mobile):
	Email:		Other form of contact:		

INSURANCE INFORMATION

Medicare Number:		Medicaid Number (Medical Assistance, Title 19):	

Medicare Hospital Insurance (Plan A)	Yes No	Medicare Medical Insurance (Plan B)	Yes No

Health Insurance Plan:			
	Group Number:	ID/Policy Number:	
	Address of Plan:	City, State and Zip:	
	Phone (Home):	Plan Website:	
Additional Health Insurance Plan:			
	Group Number:	ID/Policy Number:	
	Address of Plan:	City, State and Zip:	
	Phone (Home):	Plan Website:	
Perscription Insurance Plan:			
	Policy Number		

MONTHLY INCOME INFORMATION (APPLICANT'S SOURCE OF PAYMENT)

Social Security/month	$	Veterans Benefit/month	$	Veterans Benefit Claim #	
Pension Income/month	$	Company:			
Income from Savings/Annunities	$	Other Source:		$	

PROPERTY AND FINANCIAL ASSETS

Location and Description:							
	Yearly Income:	$	Value:	$	Mortgage:	$	
If no property owned presently, give location of last property owned:							
	Year Sold:		Sale Price:	$			
Any gifts of money or transfers, and amounts:							
	Stocks and Bonds:	$	Other	$			
Savings Account	Balance:	$	Bank:		City:		
Checking Account	Balance:	$	Bank:		City:		
Certificates of Deposit	Balance:	$	Bank:		City:		
IRA's	Balance:	$	Bank:		City:		
Other Assets	Balance:	$	Bank:		City:		

SIGN AND RETURN

In completing this application, I am aware the Miravida Living will rely upon the accuracy of my statements contained herein. I understood that I may be requested to update this application when Miravida Living considers it necessary. Therefore, I declare that all information provided in this application is true, full and complete.

	Signature of Person Completing Information:	
	Date:	