

Financial Disclosure Form

Date: _____

The undersigned person(s) represent and warrant that the information contained in this Financial Disclosure Form (and any documents provided in support of it) are true to the best of his/her/their knowledge and belief.

The undersigned persons understand that the Facility will rely upon such information, and agree that any misrepresentation or material omission made by the undersigned persons in connection with this disclosure could result in the non-admission of the resident, the future discharge of the resident, or possible legal action against the undersigned persons.

All disclosures relate to the Resident. The use of the word "you" refers to both actions by the Resident or by someone on the Resident's behalf.

RESIDENT

REPRESENTATIVE

Signature

Signature

Print Name

Print Name

PERSONAL CONTACT INFORMATION

Name _____

Address _____

Home Phone _____ Cell _____ E-mail _____

Date of Birth _____

Name of Spouse _____ Living Deceased (date) _____

Address _____

Home Phone _____ Cell _____ E-mail _____

Date of Birth _____

HEALTH INSURANCE

Medicare # _____ Not applicable

Medicaid # _____ Not applicable

Veterans Admin # _____ Not applicable

Private Insurance Name _____ Not applicable
Policy # _____

Private Insurance Name _____ Not applicable
Policy # _____

Have you ever applied for Medicaid before? Yes No

If yes, when? _____ What State? _____ What County? _____

Long-Term Care Insurance (Attach declaration page)

Company Name _____

Daily Benefit _____

Maximum _____

INCOME

For each income source below, indicate the monthly amount, to whom, and where the payments are currently being sent. If any of the following are being directly deposited, then indicate the name of the financial institution, the account number, and in whose name the account is listed.

1. **Social Security** \$ _____ Not applicable

Checks currently sent to:

Name

Address

2. **Veterans' Benefits** \$ _____ Not applicable

Checks currently sent to:

Name

Address

3. **Pension** \$ _____ Not applicable

Checks currently sent to:

Name

Address

4. **Dividends & Interest** \$ _____ Not applicable

Checks currently sent to:

Name

Address

5. **Other Income** (Annuities, Rental Property, etc.)

Please identify any income that you are currently receiving (or that you expect to receive in the future) that you have not otherwise disclosed in this application:

ASSET TRANSFERS & TRUSTS

1. Have you transferred any assets (such as gifts, real estate, bank accounts, money, cars, houses, jewelry, bonds, stocks, etc.) to anyone in the last (5) years?

Yes No

If yes, then please provide the following name of the person to whom you made the transfer, what was transferred, the amount/value of what was transferred, and when the transfer was made:

Name	Asset Transferred	Amount/Value	Date of Transfer

Please attach additional pages, if necessary.

2. Have you created any trusts in the last (5) years?

Yes No

If yes, then please provide the following name of the trustee, the type of trust, the amount/value of the trust, and the date the trust was created:

Trustee	Type of Trust	Amount/Value	Date of Creation

Please attach additional pages, if necessary.

LIABILITIES

1. Mortgage

Do you currently have an outstanding mortgage on your primary residence? Yes No

If yes, please identify the amount: \$ _____ per _____

2. Other Liabilities

Please identify any liabilities that you currently owe (or that you expect to owe in the future) that you have not otherwise disclosed in this application:
