



PLEASE ENCLOSE:

1. Copies of all Health & Pharmacy Insurance Cards (Please copy both sides)
2. Copy of Social Security Card
3. Copy of Power of Attorney
4. Copy of Living Will (Advanced Directive)

# MERCY CENTER NURSING UNIT / PERSONAL CARE UNIT, INC.

Box 370, Lake Street, Dallas, PA 18612

(570) 675-2131

## ADMISSIONS APPLICATION

### RESIDENT INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

LAST

FIRST

M-INITIAL

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

County of Residence \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_

Social Security Number \_\_\_\_\_ Medicare # \_\_\_\_\_

United States Citizen (✓) Yes \_\_\_\_\_ No \_\_\_\_\_ Pending Citizenship Yes \_\_\_\_\_ No \_\_\_\_\_

Veteran (✓) Yes \_\_\_\_\_ No \_\_\_\_\_

Spouse of a Veteran who served during war (✓) Yes \_\_\_\_\_ No \_\_\_\_\_

### RESPONSIBLE PERSON INFORMATION

**PRIMARY** (Person who will receive the monthly invoice)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: Home \_\_\_\_\_

Business \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

### SECONDARY

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: Home \_\_\_\_\_

Business \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

### RELIGION

Church Affiliation \_\_\_\_\_ Clergy person \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Active (✓) Yes \_\_\_\_\_ No \_\_\_\_\_

## BURIAL INFORMATION

Funeral Director \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_

## INSURANCE INFORMATION

*(Please submit copies of all insurance cards including PACE and ACCESS cards with this application. Failure to submit copies will delay processing of application.)*

Medicare No. \_\_\_\_\_ Part A Yes \_\_\_\_\_ No \_\_\_\_\_ Part B Yes \_\_\_\_\_ No \_\_\_\_\_

Blue Cross No. \_\_\_\_\_

Blue Shield No. \_\_\_\_\_

Other Insurance \_\_\_\_\_

Is this an HMO or Managed Care Insurance Plan? Yes \_\_\_\_\_ No \_\_\_\_\_

Billing Address and Phone Number \_\_\_\_\_

Do you have Long Term Care / Assisted Living Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Medicare D or other Prescription Coverage Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Company & Policy Number: \_\_\_\_\_

Do you have Medicaid (Medical Assistance) Coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

Access Number: \_\_\_\_\_

## MISCELLANEOUS

How did you hear about Mercy Center? Newspaper \_\_\_\_\_ Radio \_\_\_\_\_ TV \_\_\_\_\_ Billboard \_\_\_\_\_ R.S.M. \_\_\_\_\_

Other: \_\_\_\_\_

What made you decide to apply at Mercy Center? \_\_\_\_\_

Attending Physician \_\_\_\_\_

Referring Physician \_\_\_\_\_

Past/Present Psychiatric Treatment \_\_\_\_\_

Current Diagnosis: Primary \_\_\_\_\_

Secondary \_\_\_\_\_ Tertiary \_\_\_\_\_

List all Hospitalizations and all Skilled Nursing Home stays in the last 60 days.

### HOSPITALS:

Hospital \_\_\_\_\_ Dates of Stay \_\_\_\_\_ to \_\_\_\_\_

Hospital \_\_\_\_\_ Dates of Stay \_\_\_\_\_ to \_\_\_\_\_

Hospital \_\_\_\_\_ Dates of Stay \_\_\_\_\_ to \_\_\_\_\_

Hospital \_\_\_\_\_ Dates of Stay \_\_\_\_\_ to \_\_\_\_\_

### NURSING HOME:

Skilled Nursing Home \_\_\_\_\_ Dates of Stay \_\_\_\_\_ to \_\_\_\_\_

Skilled Nursing Home \_\_\_\_\_ Dates of Stay \_\_\_\_\_ to \_\_\_\_\_

Skilled Nursing Home \_\_\_\_\_ Dates of Stay \_\_\_\_\_ to \_\_\_\_\_

# FINANCIAL INFORMATION

## Income Sources

## Amount

## Received How Often

Social Security

\_\_\_\_\_

\_\_\_\_\_

SSI

\_\_\_\_\_

\_\_\_\_\_

Black Lung

\_\_\_\_\_

\_\_\_\_\_

Annuity

\_\_\_\_\_

\_\_\_\_\_

Pension

\_\_\_\_\_

\_\_\_\_\_

Interest

\_\_\_\_\_

\_\_\_\_\_

Dividends

\_\_\_\_\_

\_\_\_\_\_

Support from Relatives

\_\_\_\_\_

\_\_\_\_\_

Others

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# MONTHLY EXPENSE

## Source

## Cost Per Month

Health Insurance Premium

\_\_\_\_\_

Life Insurance Premium

\_\_\_\_\_

Medications

\_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Total Expenses Per Month

\_\_\_\_\_

# ASSETS

Cash On Hand

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

## Banking Assets:

Institution

Account Number

Approximate Value

Checking Accounts

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Savings Accounts

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Bank Accounts

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Certificates of Deposit

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Christmas Clubs

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Vacation Clubs

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Stocks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Bonds

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mutual Funds

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Investments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# GIFTING OR TRANSFER OF ASSETS

Have any assets been gifted or transferred to another person within the last (5) five years?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please indicate:

Date of Gifting/Transfer	To Whom	Amount Gifted/Transferred
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## REAL ESTATE

Approximate Value	Name on Deed
Residential Property _____	_____
Other Property _____	_____
Other Land _____	_____

## OTHER ASSETS

Approximate Value
Automobile _____
Other _____
Other _____

## LIFE INSURANCE

Face Value	Approximate Cash Surrender Value
Paid Up Life Policies _____	_____
Life Insurance Requiring Premiums _____	_____
Irrevocable Burial Account _____	_____
Prepaid Funeral Amount _____	_____

## LEGAL INFORMATION

Please check (✓) all that apply:

Durable Power of Attorney for Health Care Decisions: Yes \_\_\_\_\_ No \_\_\_\_\_

Power of Attorney for Financial Decisions: Yes \_\_\_\_\_ No \_\_\_\_\_

(Please provide a copy of each that apply)

**Please sign and date.** (An Unsigned Application Cannot Be Processed.)

Date \_\_\_\_\_

I \_\_\_\_\_ (Resident and/or Responsible Party), do swear to and confirm all information present on this application is factual and current to the best of my knowledge. I further attest that I have not transferred or gifted assets to another person within the last five years or have disclosed in writing all assets transferred within five years.