

*Lutheran Home
For Aged Development Corporation*

Prairieview Lutheran Home/Faith Place/Luther Place
P.O. Box 4
Danforth, IL 60930
(815) 269-2970

CONFIDENTIAL APPLICATION

CONFIDENTIAL APPLICATION ABOUT YOU

1. Name

(Your Name) _____
(last) (first) (middle)

(Spouse) _____
(last) (first) (middle)

2. Address

_____ (street) (city)
 Address _____
(county) (state) (zip code) (phone)

3. Length of residence at above address _____

4. Marital Status: Single Married Widowed Divorced

SELF

SPOUSE

5. Date of Birth: _____
 Present Age: _____

6. Place of Birth: _____

7. Social Security Number: _____

8. Medicare Number: _____

9. If foreign born, date of arrival in U.S. _____

10. When and where were You naturalized? _____

11. Previous Occupation(s) _____

12. Children/Close Relatives/Friends	Call in Emergency Yes/No																
<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">_____ <small>(name/relationship)</small></td> <td style="width: 30%;">_____ <small>(address/zip)</small></td> <td style="width: 30%;">_____ <small>(phone: home/work)</small></td> <td style="width: 10%;"></td> </tr> <tr> <td>_____ <small>(name/relationship)</small></td> <td>_____ <small>(address/zip)</small></td> <td>_____ <small>(phone: home/work)</small></td> <td>_____</td> </tr> <tr> <td>_____ <small>(name/relationship)</small></td> <td>_____ <small>(address/zip)</small></td> <td>_____ <small>(phone: home/work)</small></td> <td>_____</td> </tr> <tr> <td>_____ <small>(name/relationship)</small></td> <td>_____ <small>(address/zip)</small></td> <td>_____ <small>(phone: home/work)</small></td> <td>_____</td> </tr> </table>	_____ <small>(name/relationship)</small>	_____ <small>(address/zip)</small>	_____ <small>(phone: home/work)</small>		_____ <small>(name/relationship)</small>	_____ <small>(address/zip)</small>	_____ <small>(phone: home/work)</small>	_____	_____ <small>(name/relationship)</small>	_____ <small>(address/zip)</small>	_____ <small>(phone: home/work)</small>	_____	_____ <small>(name/relationship)</small>	_____ <small>(address/zip)</small>	_____ <small>(phone: home/work)</small>	_____	
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13. Power of Attorney For Health Care

(name/relationship) (address/zip) (phone: home/work)

14. Power of Attorney For Property

(name/relationship) (address/zip) (phone: home/work)

15. Church Membership

(name of congregation) (address/zip) (phone)

16. Pastor

(name) (address/zip) (phone: home/work)

17. DIAGNOSIS _____

18. Hosptial Preference _____

19. Name of Physician _____

20. Name of Dentist _____

21. Applicant's Current Address _____

22. Has individual ever been in another nursing center? _____

23. Health Insurance _____
Company

24. Long Term Care Insurance Company Name _____ **Amount paid per day** _____

25. Name of Mortician _____

26. Monthly Income: Social Security \$ _____
SELF SPOUSE

Pension \$ _____

Other \$ _____

27. Assets: Stocks \$ _____

Bonds \$ _____

CD's \$ _____

Bank Savings \$ _____

Bank Checking Acct. \$ _____

Other _____

28. Home: _____ Owned Jointly _____ yes _____ no
Value

SELF

SPOUSE

29. Insurance: Life _____

30. During the past five years, I have disposed of the following assets:

Cash _____ To Whom? _____

Stocks & Bonds _____ To Whom? _____

Real Estate _____ To Whom? _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize verification of all statements contained in this application for admission as may be necessary in arriving at an admission decision, including but not limited to medical records from hospitals and other facilities and financial records. Additionally, I will cooperate in the preparation, filing, signing, and processing of necessary applications, reports or documents for any private or governmental financial assistance program. The Lutheran Home for Aged Development Corporation may release medical/billing information for purposes of claiming insurance benefits. I understand that this application is not intended to be a contract for care.

I also agree that should I require services not available in my living setting at the Lutheran Home for Aged Development Corporation, the Corporation is authorized to initiate my immediate transfer to an appropriate care setting.

NOTE: This application can be processed only when fully completed.

(signature of applicant) (date)

(signature of applicant) (date)

Subscribed and sworn to before me this ____ day of _____, ____.

(Notary Public)

LUTHERAN HOME FOR AGED DEVELOPMENT CORPORATION
PRAIRIEVIEW LUTHERAN HOME USE ONLY

Approved for Admission: Prairieview Faith Place L.P.

Applicant _____

Applicant _____

To be admitted from _____

Admission date & time _____ No. of skilled days used _____