

**The Harry & Jeanette Weinberg Park Assisted Living  
Application for Admission**

1. Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
2. Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
\_\_\_\_\_  
Telephone #: \_\_\_\_\_  
3. Sex: M \_\_\_\_\_ F \_\_\_\_\_ Present Age: \_\_\_\_\_ Birth date: \_\_\_\_\_  
4. Marital Status: \_\_\_\_\_ Number of Surviving Children: \_\_\_\_\_

5. Names of living relatives or friends: (Circle 2 to be notified in case of emergency)

- |                      |                      |
|----------------------|----------------------|
| a. Name: _____       | b. Name: _____       |
| Relationship: _____  | Relationship: _____  |
| Address: _____       | Address: _____       |
| _____                | _____                |
| Phone #: Home: _____ | Phone #: Home: _____ |
| Work: _____          | Work: _____          |
| Cell: _____          | Cell: _____          |
| a. Name: _____       | b. Name: _____       |
| Relationship: _____  | Relationship: _____  |
| Address: _____       | Address: _____       |
| _____                | _____                |
| Phone #: Home: _____ | Phone #: Home: _____ |
| Work: _____          | Work: _____          |
| Cell: _____          | Cell: _____          |

6. Occupation & Employment:

- a. Usual Occupation or Profession: \_\_\_\_\_  
b. Employer Name: \_\_\_\_\_  
c. Date of Retirement: \_\_\_\_\_  
d. Veteran: Yes \_\_\_\_\_ No \_\_\_\_\_ Branch of Service: \_\_\_\_\_

7. General Information:

- a. What is the intention of your requested admission:  
Long Term: \_\_\_\_\_ Remainder of Life: \_\_\_\_\_ Respite (Short-Term): \_\_\_\_\_
- b. Does a "Power of Attorney" exist for the applicant? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what type and who holds: (a copy must be provided to Weinberg Park)  
General Power of Attorney: \_\_\_\_\_  
Durable Medical Power of Attorney: \_\_\_\_\_  
Limited Power of Attorney: \_\_\_\_\_  
Living Will: \_\_\_\_\_  
Advance Directives: \_\_\_\_\_  
Name of person holding or responsible for documents: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_
- c. If no, please list who handles the affairs of the applicant in priority:
- |                |                |
|----------------|----------------|
| 1. Name: _____ | 2. Name: _____ |
| Address: _____ | Address: _____ |
| _____          | _____          |
| Phone #: _____ | Phone #: _____ |

8. Financial Summary:

a. Present Monthly Income:

Social Security: \$ \_\_\_\_\_  
 Private Pension: \$ \_\_\_\_\_  
 Veteran's Pension: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
**Total:** \$ \_\_\_\_\_

b. Present Monthly Income from Investments:

Investment	Monthly Int/Div	Annual Total
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

c. Please list all bank accounts:

Name & Address of Bank:	Account #:	Amount:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

d. Please list all stocks, bonds, and other similar assets:

Name	# of Shares	Present Market Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

e. Real Estate: List all properties owned by the applicant:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What is the applicant/applicant's families intentions regarding the above properties?

\_\_\_\_\_  
 \_\_\_\_\_

f. Have any assets been transferred or sold from ownership of the applicant to any other persons within the past 36 months? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list completely:

\_\_\_\_\_  
 \_\_\_\_\_

g. Are any assets jointly owned between the applicant and other parties or individuals?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list completely:

\_\_\_\_\_  
 \_\_\_\_\_

h. Have any deeds to property been transferred or sold from ownership of the applicant to any other persons in the past 36 months? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list completely:

Assets	Present Market Value
_____	_____
_____	_____
_____	_____

i. Do any life estates, trusts, or similar documents exist which may have an impact on the applicant?

Yes \_\_\_\_\_ No \_\_\_\_\_

j. Does the applicant have any debts or obligations? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please specify:

\_\_\_\_\_  
 \_\_\_\_\_

9. Burial Arrangements:

- a. Mortician: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_
- b. Person responsible for funeral arrangements:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

10. Health Insurance Information:

- a. Medicare #: \_\_\_\_\_
- b. Blue Cross #: \_\_\_\_\_
- c. Blue Shield #: \_\_\_\_\_
- d. Other: Name: \_\_\_\_\_  
Number: \_\_\_\_\_
- e. Medical Assistance:  
Does the applicant currently have medical assistance? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what type, and number:  
Community MA: \_\_\_\_\_  
Long Term Care: \_\_\_\_\_  
Other: \_\_\_\_\_  
If no, have you applied? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what was applied for? \_\_\_\_\_  
When? \_\_\_\_\_  
Caseworker Name & Phone #: \_\_\_\_\_

According to my best knowledge and belief, the foregoing information is true and accurate. I understand that all pertinent information but not limited to medical and financial matters must be disclosed fully whether specifically requested or not. I agree to abide by all rules and regulations, policies and procedures of Weinberg Park, if admitted.

\_\_\_\_\_  
Signature of Applicant or person acting for applicant

\_\_\_\_\_  
Date