

SUPPLEMENTAL INFORMATION

Four Seasons Care Home, Inc. strives to provide affordable housing to frail and disabled individuals who are medically stable but unable to live independently. We provide 24 hour per day, 7 days per week services, which should allow individuals to remain as independent as possible, being part of community life and to avoid premature, long term care/nursing home placement.

C. General Questions

Have you been living: Independently ___ With Spouse/Partner ___ With Family ___ Other ___

Do you know anyone else that lives here or has lived here in the past? _____

Primary care provider- _____ Date of last exam _____

Dentist- _____ Date of last exam _____

Eye doctor- _____ Date of last exam _____

Foot doctor- _____ Date of last exam _____

Neurologist- _____ Date of last exam _____

Other- _____ Date of last exam _____

Have you been convicted of any felonies? Yes ___ No ___

Are you a United States citizen? Yes ___ No ___

Are you or your spouse a U.S. Veteran? Yes ___ No ___

If yes, did you serve during wartime? Yes ___ No ___

Do you have a legally binding POA (Power Of Attorney)? Yes ___ No ___

If applicable, name of POA _____

(A copy of the document will be required prior to admission)

Do you have a legal guardian? Yes ___ No ___

If applicable, name of POA _____

(A copy of the document will be required prior to admission)

Do you have Advanced Directives? Yes ___ No ___

(A copy of the document will be required prior to admission)

Are you legally capable of entering a binding agreement? Yes ___ No ___

Do you have a representative payee, who pays your expenses on your behalf? Yes ___ No ___

If applicable, name of representative payee _____

Have you chosen a funeral home? Yes ___ No ___ Name _____

Do you have any prepaid funeral/burial arrangements? Yes ___ No ___

With whom _____

Do you have any medication allergies? _____

Do you have any other allergies? _____

Are you active in a church or religion? Yes ___ No ___ Religion _____

D. Financial Information: Income

(All sources of regularly received money must be listed)

Social Security **Gross** Monthly Amount \$ _____

(this includes medical insurance benefit)

Pension Gross Monthly Income \$ _____

VA Benefits Gross Monthly Amount \$ _____

SSI Benefits Gross Monthly Amount \$ _____

Interest Income Prior Year/12 Months \$ _____

Other Monthly Income

(List on back if more than one item, then put total here) \$ _____

Total Gross Monthly Income \$ _____

E. Financial Information: Assets

Checking Accounts

Bank/Location _____ Balance \$ _____
Bank/Location _____ Balance \$ _____

Savings Accounts

Bank/Location _____ Balance \$ _____
Bank/Location _____ Balance \$ _____

Certificates of Deposits, etc.

Bank/Location _____ Balance \$ _____

Trust Accounts

Bank/Location _____ Balance \$ _____

Stocks, Bonds (specify)

Bank/Location _____ Balance \$ _____
Other _____

Real Estate/Property

Do you currently own any property? Yes _____ No _____

If yes, type of property _____ Location of property _____

Appraised market value \$ _____

Have you sold or disposed of any assets in the last five years? Yes _____ No _____

If yes, list type of assets (e.g. money/land/house) _____ Date of transaction _____

Market value when sold/dispensed \$ _____ Amount sold/dispensed for \$ _____

Note: Please attach an additional sheet of information if it will help explain your financial situation.

F. Insurances, Government Program Enrollments and Medical Coverage

Upon admission, copies of the following cards will be necessary.

(Complete where appropriate and list any costs associated with each item.)

Medicaid # _____ Medicare # _____ SSN _____

Supplemental Health Insurance _____ Monthly amount \$ _____

Name, address and policy # of supplemental and/or long term care insurance company:

G. Contact Information

Please provide; name, address, phone number & relationship.

1. _____
2. _____

H. References

Current Landlord (name, address, telephone #) _____

Previous Landlord (name, address, telephone #) _____

Personal references (name, address, telephone)

1. _____
2. _____