



Skilled Nursing Application Form

3800 N. 92nd Street • Milwaukee, WI 53222 • 414-463-7570 • info@stannesc.org

GENERAL INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Address _____

City _____ State _____ Zip _____ County _____

Phone Number (_____) _____ Email _____

How did you hear about St. Anne's Salvatorian Campus? _____

Current Living Arrangements:

Living alone Living with spouse Hospital Other _____

Living with family: Name _____ Relationship _____

How long have you been at your current address? _____

PERSONAL INFORMATION

Date of Birth ____/____/____ Age _____ Birth Place _____

Sex: Female Male Ethnicity _____ Highest Level of Education _____

Former Occupation _____ Year of Retirement _____ Place of Employment _____

Marital Status: Single Married Widowed Divorced

Religious Preference _____ Parish/Congregation _____

Primary Language Spoken _____ Other Languages _____

Is applicant a U.S. citizen? Yes No — Alien Registration # _____ Entry Port _____

Social Security # |_|_|_|_|-|_|_|_|-|_|_|_|_|_|

Medicare # |_|_|_|_|_|_|_|_|_|_| Do you have Medicare B? Yes No

Medicaid # |_|_|_|_|_|_|_|_|_|_| Effective Date ____/____/____

Other Health Insurance * _____

Phone Number (_____) _____ Group # _____ ID # _____

* Copy of insurance cards required

CONTACT INFORMATION

Personal Physician

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Have there been any hospitalizations or admissions to a rehabilitation facility within the last year? Yes No *If yes, dates and locations needed:* _____

Health Care Power of Attorney/Guardian — *Copy of power of attorney documents required*

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Cell Phone (_____) _____ Email _____

Power of Attorney (financial) — *Copy of power of attorney documents required*

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Cell Phone (_____) _____ Email _____

Contact Person (general questions/concerns)

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Cell Phone (_____) _____ Email _____

Attorney

Name _____

Phone (_____) _____ Fax (_____) _____ Email _____

Do you have will? ? Yes No *If yes, where is the will located?* _____

Funeral Home

Name _____ Phone (_____) _____

Do you own a burial lot? Yes No Do you have a burial trust? Yes No *If yes, amount: \$* _____

FINANCIAL INFORMATION

ANNUAL INCOME

Social security\$ _____
 Pension\$ _____
 Interest from stocks, bonds,
 CDs, dividends, etc.\$ _____
 Trust insurance.....\$ _____
 Annuity.....\$ _____
 Other:.....\$ _____
 TOTAL ANNUAL INCOME.....\$ _____

ASSETS

Stocks, bonds, etc.\$ _____
 Cash (checking and savings).....\$ _____
 Real estate – estimated market value\$ _____
 Funds in trust.....\$ _____
 Other:.....\$ _____
 TOTAL ASSETS\$ _____

ANNUAL LIABILITIES

Mortgage/rent.....\$ _____
 Insurance.....\$ _____
 Loans.....\$ _____
 Taxes\$ _____
 Medical expenses
 (including medications).....\$ _____
 Living expenses (food,
 transportation, utilities, etc)\$ _____
 Other:.....\$ _____
 TOTAL ANNUAL LIABILITIES\$ _____

Has there been any sale of house or property; or transfer of
 assets in the last three (3) years? Yes No

If yes, please explain: _____

List any additional financial, medical or personal details you believe St. Anne’s Salvatorian Campus should be aware of on a separate sheet of paper, and return with this form. *Please check that the following supporting documents are included, if appropriate:*

- Copy of insurance cards
- Copy of health care power of attorney documents
- Copy of financial power of attorney documents

I declare that the information contained herein is true and complete to the best of my knowledge. I understand that this information is confidential and will be used by St. Anne’s Salvatorian Campus to determine my eligibility for residency.

 Applicant/Responsible Party Signature

_____/_____/_____
 Date