



Mullica Gardens
ASSISTED LIVING
Admission Application

Mullica Gardens considers all applicants without regard or discrimination for any legally protected class. Please complete this application in its entirety, as discrepancies or blanks may delay processing.

Date: _____ Name of applicant: (Last) _____

(First) _____ (Nickname/Preferred Name) _____

Address: _____ City: _____

County: _____ State: _____ Zip Code: _____

Phone #: _____ Marital Status: (check one) S M D W

Referred by: _____

Birth date: _____ Age: _____ Place of birth: _____

Social Security #: _____ Religion: _____

Long term care insurance No Yes Carrier: _____

Veteran or qualified spouse of a veteran? No Yes

Medicare #: _____ A B

Other medical insurance carrier & number: _____

Pharmaceutical insurance carrier & number: _____

Person(s) responsible for applicant (if applicable):

1. Name: _____ Relationship _____

Address: _____ City: _____

Phone: (H) _____ (W) _____ State/Zip: _____

2. Name: _____ Relationship _____

Address: _____ City: _____

Phone: (H) _____ (W) _____ State/Zip: _____

Where is the applicant currently residing? _____

If in health care facility what is the date of admission _____

Current Physician: _____ Phone #: _____

Podiatrist: _____ Phone #: _____

Please list all other medical specialists treating applicant with name, specialty & phone# on back of page.

Does the applicant have an Advance Directive? (If yes, please provide a copy) Yes ____ No ____

Funeral Home preference: _____ Phone #: _____

Hospital of Choice: _____

List all health care facilities where the applicant has received care in the past two years:

Facility	Admission Date	Discharge Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(List any additional admissions on back of this page)

1. Emergency Contact: _____ Relationship: _____

Address: _____

Phone: (H) _____ (W) _____ Cell _____

2. Emergency Contact: _____ Relationship: _____

Address: _____

Phone: (H) _____ (W) _____ Cell _____

3. Emergency Contact: _____ Relationship: _____

Address: _____

Phone: (H) _____ (W) _____ Cell _____

FINANCIAL DISCLOSURE

Responsible Party: _____ Relationship: _____

Address: _____

Phone: (H) _____ (W) _____ Cell _____

All residents must establish financial credibility with Mullica Gardens. It is important that all financial resources be listed in order to meet all expenses incurred at Mullica Gardens. Residents eligible for Medicaid are OBLIGATED TO SURRENDER to Mullica Gardens the AMOUNT PRE-DETERMINED BY MEDICAID. Thank you for your cooperation in this matter.

	<u>Principle</u>	<u>Monthly Income</u>	<u>Bank/Institution</u>	<u>Account #</u>
Savings	_____	_____	_____	_____
Checking	_____	_____	_____	_____
Certificates	_____	_____	_____	_____
Trust Fund	_____	_____	_____	_____
Securities	_____	_____	_____	_____
Real Estate	_____	_____	_____	_____
Other	_____	_____	_____	_____
Total Assets	\$ _____		Total Liabilities	\$ _____

Gross Monthly Income (please include any deductions for insurance premiums or other deductions from monthly Social Security or pension payments):

Social Security: _____ Pension: _____ Insurance: _____

Other: _____ Total Monthly Income \$ _____

The undersigned hereby certify that I/we have read the above, that all statements made therein are true and complete to the best of my knowledge. The applicants authorize Mullica Gardens (or its agents) to verify the information contained herein. There are no liens, judgments, pending sales or bankruptcy proceedings against the applicant or the applicant's property. The applicant understands that Mullica Gardens, may at its option, cancel any admission granted if this application contains any false or misleading information, or if in its opinion, the credit investigation discloses an unsatisfactory record. Resident and sponsor agree to review the above financial information semi-annually or more often if needed to verify the continued ability to pay the account.

Signature of applicant

Signature of responsible party

Witness

Date: