

**IMMACULATE MARY CENTER
2990 Holme Avenue
Philadelphia, PA 19136
Phone: 215-335-2100
Fax: 215-331-7454**

APPLICATION FOR ADMISSION

The information on this form is needed to evaluate the applicant's request for Admission. All information will be held in strict confidence. The acceptance of this form does not bind either party to right of occupancy. Failure to complete the application in its entirety will result in denial of consideration for admission.

NAME (Miss, Ms., Mrs., Mr.): _____
First
Middle
Last
(Maiden)

PRESENT ADDRESS: _____
Street
Town or City
State
Zip Code

PHONE NUMBER: () _____
Area Code
DATE OF BIRTH: ____/____/____
Month
Day
Year

SOCIAL SECURITY NO: _____

ARE YOU A UNITED STATES CITIZEN? Yes No

MARITAL STATUS: Married Single Widowed Divorced

IF MARRIED, NAME OF SPOUSE: _____

RELIGIOUS AFFLIATION: _____

WHO WILL BE THE RESPONSIBLE PARTY REGARDING FINANCES?

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

PLEASE LIST BELOW AN EMERGENCY CONTACT PERSON:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

SPECIFY WHICH TYPE OF INSURANCE IS CURRENTLY HELD: (please provide copies of cards)

Medicare Yes No - Part A Hospitalization Part B Medical ID# _____

Medicare Supplemental Insurance Name: _____ ID# _____

Medicare HMO/ Commercial Insurance Name: _____ ID# _____

Medical Assistance Benefits Yes No Recipient # _____

Do you have Long Term Care Insurance? If so, provide a copy of policy. Name of policy: _____

CONFIDENTIAL FINANCIAL STATEMENT

NAME (Miss, Ms., Mrs., Mr.): _____

Sources of Regular Income - state amount from each of the following resources - per month where applicable.

Please attach verification of last four months of income and assets (bank statements): photocopies are acceptable.

Monthly Income	Amount
Social Security	\$
Pension (Name of Company)	\$
Interest Income	\$
Dividends	\$
Trust Fund	\$
Other Sources (Identify)	\$
Total Monthly Income	\$

Assets - Please list all			
	Value	Bank/ Acct. No.	All Names on Account
Savings	\$		
Checking/ Money Market	\$		
CD's	\$		
Stocks/ Bonds/ Investments	\$		
Other (Specify)	\$		
Total Assets	\$		

Liabilities - State as monthly payments

	Monthly Payments
Mortgages (on Real Estate)	\$
Home Equity Loans	\$
Credit Cards	\$
Health Insurance Premiums	\$
Other (Identify)	\$
Total Liabilities	\$

Real Estate (Please list all properties owned)		
Location	Market Value	Name(s) on Deed
	\$	
	\$	

If currently none, when was Real Estate last owned? (Year): _____

Transferred/ Sold/ Gifted Assets:

Was there any Real Estate **Transferred** or **Gifted** in the last 5 years? Yes No

If yes, to whom? _____ Date: _____ Value: \$ _____

Was there any Real Estate Sold in the last 5 Years? Yes or No (**circle one**)

Was there any Money **Transferred** or **Gifted** in the last 5 years? Yes No

If yes, to whom? _____ Date: _____ Value: \$ _____

Life Insurance:

Name of Company	Policy #	Face Value	Cash Surrender
_____	_____	_____	_____
_____	_____	_____	_____

Trusts:

Do you hold or are you the recipient of a trust? Yes No

If yes, please **provide a copy** with the application.

Funeral Arrangements

Funeral Director: _____ Phone: _____

A non-discrimination policy as to race, color, national origin, ancestry and sex is observed at Immaculate Mary Center for Rehabilitation & Healthcare. I will certify that the contained in this Confidential Financial Form is accurate and true to the best of my (our) knowledge. I further understand that this Financial Statement will be made part of my Admission Agreement with Immaculate Mary Home. I understand that all information will be kept in strict confidence. I also understand additional information may be requested from time to time.

Signature: _____
(Applicant for Admissions)

Date: _____

Signature: _____
(Power of Attorney/ Responsible Party)

Date: _____