

HEARTLAND COUNTRY VILLAGE

634 Center Street, Black Earth, WI 53515

Phone: (608) 767-2572

Business Fax: (608) 767-2565 Nursing Fax: (608) 767-5054

APPLICATION FOR ADMISSION

This application must be fully completed in order to be placed on the waiting list for admission. Please complete application and return it to Heartland Country Village as soon as possible (faxed copies are acceptable). If there are any questions please contact Social Services.

GENERAL INFORMATION: Date completed: _____

1. Applicant: _____
Last Name First Name Middle Name

2. Applicant's Address

Street _____

City County State Zip

Phone _____

3. Sex: ___ M ___ F

4. Date of Birth _____ Age _____

5. Birthplace _____
City State County

6. Marital Status _____

7. Religion Preference _____

8. Currently employed? Y / N Current/Previous Occupation _____
Year retired _____ Year retired spouse _____

9. Social Security Number _____

10. Medicare Health Insurance Number _____

11. Medicare Supplement Insurance Company _____
Policy# _____ Group # _____ Telephone # _____

12. Do you have Medicare Part D or other prescription drug coverage? Y / N
Company _____
Policy# _____ Group # _____ Telephone # _____

13. Do you have Long Term Care insurance? Y / N

PLEASE PROVIDE COPIES OF ALL INSURANCE CARDS WITH THIS APPLICATION.

HEALTH INFORMATION:

1. Primary Physician _____ Phone _____

Address _____
Street City State Zip

2. Diagnosis: _____

3. Medications: _____

4. List any Nursing Home stays in the past 5 years (including dates):

5. Were any of these nursing home stays Medicare covered? _____ Yes _____ No

6. List any hospital stays in the last 12 months (including dates):

7. In case of an emergency notify: (Please list in order of priority)

1. _____
Name Relationship
_____ Address City State Zip
_____ Home Phone Cell Phone Work Phone

2. _____
Name Relationship
_____ Address City State Zip
_____ Home Phone Cell Phone Work Phone

3. _____
Name Relationship
_____ Address City State Zip
_____ Home Phone Cell Phone Work Phone

8. Has applicant executed any Advance Directives (i.e. Power of Attorney-health care, finances, Declaration to Physician) _____ yes _____ no
If yes please provide copy and list designated agent _____

FINANCIAL INFORMATION: (This information will be kept confidential)

1. Will applicant be handling his/her own financial matters while at Heartland Country Village?
 _____yes _____no If no, to whom should billing be sent?

Name		Relationship		
Address	City	State	Zip	
Home Phone	Cell Phone	Work Phone		

2. Do you rent _____ Own your own home _____ Approximate Value \$ _____

MONTHLY INCOME:

	Applicant	Spouse	
1. Social Security	\$ _____	\$ _____	
2. Private Pension	\$ _____	\$ _____	Company _____
3. Annuities/Trust Funds	\$ _____	\$ _____	Company _____
TOTAL MONTHLY	\$ _____	\$ _____	

YEARLY INCOME FROM OTHER SOURCE(S):

- Earnings from Savings Accounts and Certificate of Deposit \$ _____
- Dividends from Stocks, Bonds, and/or Misc Securities \$ _____

ASSESTS:

- Stocks and Bonds \$ _____
 - Savings Accounts \$ _____
 - Checking Accounts \$ _____
 - Real Estate(Including Home) \$ _____
 - CDs \$ _____
 - Other \$ _____
- TOTAL ASSESTS** \$ _____

LIABILITIES:

- Mortgage \$ _____
 - Personal Loans \$ _____
 - Other Obligations \$ _____
- TOTAL LIABILITIES** \$ _____

IRREVOCABLE BURIAL TRUST FUND \$ _____

LIFE INSURANCE POLICIES:

_____ No
 _____ Yes Face Value \$ _____ Cash Value \$ _____ Owner / Beneficiary _____
 Face Value \$ _____ Cash Value \$ _____ Owner / Beneficiary _____

ADDITIONAL INFORMATION:

- 1. Dentist: Name _____ Phone: _____
- 2. Religion: _____ None: _____
Church _____ Phone: _____
- 3. Funeral Home: _____ City _____ Phone: _____
- 4. Anticipated Admission Date: _____
- 5. Please let us know who referred you to Heartland Country Village.

Social Services will need copies of all insurance information. This includes copies of Medicare, Social Security, insurance cards, as well as, long term care insurance policies. If you are not able to submit all of the needed information with this application, please bring it on the day of admission.

In completing this application, I am aware that Heartland Country Village will rely upon, and is entitled to rely upon, the accuracy of my statements. I understand that I may be requested to update this application when considered appropriate. Therefore, I DECLARE THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE, FULL, AND COMPLETE AND THAT THE ASSESTS ARE AVAILABLE FOR MY CARE.

I give my consent to verify information contained in this application.

I understand that medical information may be obtained as part of the pre-admission process and allow for the release of this information as needed.

Preparer's Signature _____ Date: _____

Applicant's Signature _____ Date: _____

Heartland Country Village reserves the right to accept or deny any applicant for admission. Guidelines for acceptance and participation in facility programs are the same for everyone without regard to race, color, religion, national origin, age, sex, or handicap.