

Powhatan Confidential Inquiry Form

DATE: _____

PERSON INQUIRING

NAME: _____

PHONE: _____

ADDRESS: _____

REFERRED BY: _____

PROSPECTIVE RESIDENT INFORMATION

NAME: _____

PHONE: _____

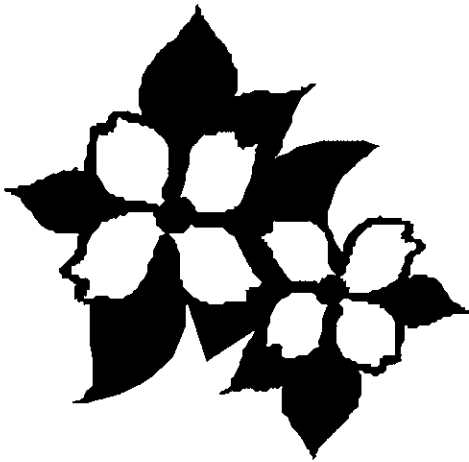
ADDRESS: _____

PHYSICIAN: _____

HOSPITAL: _____

DISCHARGE PLANNER: _____

POWHATAN



Confidential Application for Residency

***2100 Powhatan Street
Falls Church, Virginia 22043***

Phone: (703) 538-2400

Fax: (703) 538-5583

FINANCIAL DATA

To process your application, the following information is needed. The information supplied is confidential and allows us to assist you in your long-term planning. The financial data should be that of the Resident and/or the Guarantor. All income and amounts listed, whether under the Resident or Guarantor section, must either be owned by the Resident or in fact be available to the Resident to pay for the Resident's stay while at the facility. Your cooperation is appreciated in order to expedite admission. Please note that it is not mandated that a Resident have a Guarantor, only that an adequate source of payment be identified. Thus, any person who agrees to be a Guarantor is doing so voluntarily.

MONTHLY INCOME	<u>RESIDENT</u>	<u>GUARANTOR (if any)</u>
Salary	\$ _____	\$ _____
Social Security	_____	_____
Pensions/Annuities	_____	_____
IRA	_____	_____
Interest/Dividend Income	_____	_____
Rental Income	_____	_____
Trust	_____	_____
Investments/Other	_____	_____
_____	_____	_____
TOTAL MONTHLY INCOME	\$ _____	\$ _____

ASSETS:

Cash (Itemize by bank/account #)

_____	\$ _____	\$ _____
_____	_____	_____
_____	_____	_____
Securities (Stocks/bonds)	\$ _____	\$ _____
Trust	\$ _____	\$ _____

Real Estate (Description/location)	<u>RESIDENT</u>	<u>GUARANTOR(If any)</u>
_____	\$ _____	\$ _____

Other Assets:

Cash Value of Life Insurance	\$ _____	_____
Vested Pension Benefits	_____	_____
Business Interests	_____	_____
Automobiles	_____	_____
Other	_____	_____
TOTAL ASSETS:	\$ _____	\$ _____

Liabilities:

Home Mortgage	\$ _____	\$ _____
Credit Cards/Charge Accounts	_____	_____
Loans	_____	_____
Other Debts	_____	_____
Taxes Owed	_____	_____
TOTAL LIABILITIES:	_____	_____

NET WORTH (ASSETS-LIABILITIES): \$ _____ \$ _____

Please Sign Below:

I hereby warrant and represent that the information provided is accurate and complete. I understand that Powhatan Nursing Home will rely upon the accuracy and completeness of the above financial information in making an admission decision. I also understand that if any of the information is not accurate or not complete, the Facility will have detrimentally relied upon the above financial information and will suffer financial loss and harm. The assets listed are in fact available to the Resident to pay for the Resident's care.

Resident's or Responsible Party's Signature

Date

Guarantor's Signature

Date

Reviewed by:

Admissions Director's Signature

Date

Administrator's Signature

Date

Completed on behalf of applicant by:

Signature

Relationship

PERSONAL INFORMATION

Name of Prospective Resident _____ Phone No () _____

Address _____ City _____ State _____ Zip _____

Place of Birth _____ Nationality _____ Religion _____

Primary Speaking Language _____ Previous/Current Occupation _____

Date of Birth ___ / ___ / ___ Age ___ Sex _____ Social Security Number _____

Medicare Number _____ Secondary Insurance Co. _____ Number _____

Marital Status ___ S ___ M ___ W ___ D ___ Separated

Spouse's Name _____ Living ___ Deceased

Coming to Powhatan from _____

Desired Date of Arrival ___ / ___ / ___ First Choice of Room Accommodation ___ Private ___ Semi-private

Resident's Current Physician: _____

Physician to Follow Resident at Powhatan _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Hospital Stay during the past 6 months? ___ Yes ___ No

If yes, name and address of hospital _____

If yes, latest hospital admissions date ___ / ___ / ___ Hospital discharge date ___ / ___ / ___

Hospital Preference _____

Residence in a Healthcare Center in the past year? ___ Yes ___ No

If yes, Name and Address of Healthcare Center _____

If yes, Healthcare Center admission date ___ / ___ / ___ Healthcare Center discharge date ___ / ___ / ___

Referred to Powhatan by _____

PERSONS TO NOTIFY IN AN EMERGENCY

1. Full Name _____ Relationship _____

Home Phone () _____ Work Phone () _____ Other _____

Address _____

City _____ State _____ Zip _____

2. Full Name _____ Relationship _____

Home Phone () _____ Work Phone () _____ Other _____

Address _____

City _____ State _____ Zip _____

RESPONSIBLE PARTY

Name _____
Address _____
Telephone (Home) _____ (Work) _____
Social Security Number _____

POWER OF ATTORNEY Yes No Provide Copy

Name _____
Address _____
Telephone (Home) _____ (Work) _____
Social Security Number _____

COURT APPOINTED GUARDIAN Yes No Provide Copy

Name _____
Address _____
Telephone (Home) _____ (Work) _____
Social Security Number _____

DECLARATION OF CONFIRMATION

I/We hereby confirm that all information stated in this document is current and correct to the best of my/our knowledge and no requested information has been withheld or misrepresented. I/We authorize Powhatan Nursing Home to verify any of the above information. I/We understand that falsification of the stated information may jeopardize admission into Powhatan Nursing Home. All information will be kept confidential by Powhatan Nursing Home and will not be released without my written permission.

Signature

Date

REQUIRED ADMISSION SUPPLEMENTS

To complete the application the following documents are needed:

1. Chest X-Ray results obtained within 30 days prior to admission.
2. A current history and physical (performed within the past thirty [30] days from the applicant's physician, or records from Hospital. Current Diagnosis _____)
3. A verification of the MI / MR Screening, if applicable.
4. A copy of any legal guardianship or current power of attorney.