

# 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 \_\_\_\_\_

\_\_\_\_\_ Group # \_\_\_\_\_ Telephone # \_\_\_\_\_ Policy#

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 _____
<b>TOTAL MONTHLY</b>	<b>\$ _____</b>	<b>\$ _____</b>

**YEARLY INCOME FROM OTHER SOURCE(S):**

1. Earnings from Savings Accounts and Certificate of Deposit \$ \_\_\_\_\_  
 2. Dividends from Stocks, Bonds, and/or Misc Securities \$ \_\_\_\_\_

**ASSETS:**

1. Stocks and Bonds	\$ _____
2. Savings Accounts	\$ _____
3. Checking Accounts	\$ _____
4. Real Estate(Including Home)	\$ _____
5. CDs	\$ _____
6. Other	\$ _____
<b>TOTAL ASSETS</b>	<b>\$ _____</b>

**LIABILITIES:**

1. Mortgage	\$ _____
2. Personal Loans	\$ _____
3. Other Obligations	\$ _____
<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>

**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 ASSETS 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.