



**Chautauqua Guest Homes
Admission Application**

602 11th Street 641-228-2353
302 9th Street 641-228-5351

- Please fill out completely
- Please provide copies of any/all insurance cards (front and back)
- Please provide copies of POA (power of attorney) DurPOA (durable power of attorney) LW (living will)

Resident Full Name _____

Where is the applicant presently? _____

Home Address _____ City, State, Zip _____

Date of Birth _____ Place of birth _____

Sex: M F Race _____ US Citizen Y N

Marital Status Married Single Widowed Divorced

Spouse's name: _____

Veteran: Y N Spouse of veteran Y N Name _____

Prior hospital stay: Y N

Prior nursing home stay: Y N

Where _____ Stay dates _____

Education _____

Occupation (Prior to retirement) _____

Religion _____ Clergy _____

Church _____

Address _____ Phone _____

Funeral Home _____

Address _____ Phone _____

Irrevocable Burial Trust Y N Where _____

Social Security Number _____ Medicare Number _____

Part A Y N Part B Y N Effective date(s) _____

Medicare D (Prescription plan) _____

ID# _____ Group# _____

Has Medicaid application been made? Y N If yes when? _____

Medicaid number _____ Effective date _____

Supplemental/Other Insurances _____

Company Name & Address _____

Policy Holders Name _____

Policy# _____ Group# _____ Effective date _____

Long Term Care Insurance Company Y N
 Company _____
 Address _____ Phone _____
 Policy number _____

FINANCIAL INFORMATION INCOME

Social Security \$ _____
 SSI \$ _____
 Veterans Benefits \$ _____ VA Claim # _____
 Pensions \$ _____ Source _____
 Other \$ _____ Source _____

ASSETS

Savings \$ _____ Checking \$ _____
 Certificates of Deposit \$ _____
 Financial Institution & Account numbers _____
 Stocks \$ _____ Bonds \$ _____

Debts and obligations _____
 Routine expenditures _____
 Life Insurance/Annuity _____

Company Name, Address _____
 Face/Cash Value \$ _____

Does the resident own a home Y N

Other property? _____

Rental income Y N

Has any property been transferred in the last 60 months Y N

Will the resident be returning home if we deem it a safe discharge? Y N

Responsible Party Name _____ POA Y N
 Address _____ DurPOA Y N
 Phone Home _____ Cell _____
 Relationship _____

I hereby represent that the information on this admission application is a true and accurate reflection of the applicant's person and financial status. In addition, I here by authorize Chautauqua Guest Homes Inc. to verify all accounts and information contained on this application. I will inform Chautauqua Guest Homes, Inc. three (3) months in advance if the above named person is no longer able to pay privately in order that other financial arrangements can be made.

Signature of Applicant _____
 Date _____

Signature of Responsible Party _____
 Date _____

Chautauqua Guest Homes do not discriminate against any person on the basis race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy, contact: Administrator, Section 504 Coordinator, "641-228-2353 or 641-228-5351" TTY/State Relay 800-735-2943.