



MERCY CENTER NURSING UNIT / PERSONAL CARE UNIT, INC.

Box 370, Lake Street, Dallas, PA 18612 (570) 675-2131 Fax: (570) 674-0521

Resident Information

Name _____ Social Security # _____
 (last) (first) (middle initial)
 Date of Birth _____ Age _____ Marital Status _____ Phone _____
 Home address _____ County _____ Physician _____
 US Citizen yes no Veteran yes no Spouse of Veteran who served during war yes no

Please provide copies of the following if applicable:
 Applicant has: Power of Attorney yes no Durable Power of Attorney for Health Care yes no Living Will yes no Legal Guardian yes no

Funeral Home _____
 (Name) (Address) (Phone)

Responsible Person Information

Primary Contact _____ Phone _____ Work _____ Cell _____
 Relationship _____ Address _____
 Secondary Contact _____ Phone _____ Work _____ Cell _____
 Relationship _____ Address _____

Insurance Information (Please provide copies of social security card and all other insurance cards.)

Medicare # _____ Part A yes no Part B yes no Long Term Care Insurance yes no
 Medicare Supplement Insurance Co. _____ ID # _____
 Do you have Medicaid (Medical Assistance) Coverage? yes no Access # _____
 Prescription Coverage (company name) _____ ID# _____
 HMO / Managed Care Insurance _____ ID# _____

List all Hospitalizations and Skilled Nursing Home Stays in the last 60 (sixty) days

Hospital _____ From _____ to _____
 Skilled Nursing Home _____ From _____ to _____
 Past/Present Psychiatric Treatment (if so please list when, where, & diagnosis) _____

List Monthly Income Amounts

Social Security \$ _____ SSI \$ _____ Pension \$ _____ Dividends \$ _____ Black Lung \$ _____ VA Benefits \$ _____ Annuity \$ _____

List all Assets and Approximate Value

	Name of Institution	Approximate Value
Checking accounts	_____	\$ _____
Savings accounts	_____	\$ _____
Other bank accounts	_____	\$ _____
Certificates of deposit	_____	\$ _____
Stocks / Bonds	_____	\$ _____
Mutual funds	_____	\$ _____
Other investments	_____	\$ _____
	<u>Name on Deed</u>	<u>Approximate Value</u>
Residential property	_____	\$ _____
Other property / land / assets	_____	\$ _____
	_____	\$ _____

HAVE ANY ASSETS BEEN GIFTED OR TRANSFERRED TO ANOTHER PERSON WITHIN THE LAST (5) FIVE YEARS? yes no (If "yes" please fill in the information below)

	Date of gifting / transfer	To whom	Amount gifted / transferred
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____

I so do swear to and confirm all information present on the application is factual and current to the best of my knowledge. I further attest that I have not transferred/gifted any assets to another person within the last (5) five years or have disclosed in writing assets transferred/gifted. I understand that a facility may check my bank references and credit history and I authorize this. All of this information will be kept strictly confidential by the facility.

Signature of Applicant / Responsible Party _____ Date _____