HOMELAND CENTER
A History of Caring Since 1867

Applicant Profile

Name: _____
Phone: _____ **Date of Birth:** _____
Address:
_____

Marital Status: S M W D
Social Security #: _____
Medicare #: _____

Primary Physician Name/Phone:
_____

Family Members/Responsible Parties/Power of Attorney(s):

(1) Name: _____
Relationship: _____
Address:
_____
_____
Phone: (H) _____ (C) _____ (W) _____
Email Address: _____

(2) Name: _____
Relationship: _____
Address:
_____
_____
Phone: (H) _____ (C) _____ (W) _____
Email Address: _____

(3) Name: _____
Relationship: _____
Address:
_____
_____
Phone: (H) _____ (C) _____ (W) _____
Email Address: _____

Applicant Medical Conditions:
_____
_____
_____
_____

Medications: (attach list if possible)
_____
_____
_____
_____

Applicant is looking for admission to:

___Personal Care ___Skilled Care ___Skilled Short Stay Rehab
___Dementia Unit ___Not Sure

Need for Admission: ____Immediate ____ Within 6 months
____6-12 Months ____Need Home Care or Home Health till then?

Please attach a copy of all current health insurance cards, front and back.

Gross Monthly Income A=Applicant S=Spouse

	Applicant	Spouse
Social Security	$_____	$_____
Pension	$_____	$_____
Federal CS Pension	$_____	$_____
Railroad Retirement	$_____	$_____
VA	$_____	$_____
MILITARY/DOD	$_____	$_____
Interest	$_____	$_____
Annuity	$_____	$_____
Other _____	$_____	$_____
Other _____	$_____	$_____
TOTAL	$_____	$_____

Are there any deductions from Gross income? YES ☐ NO ☐
If Yes, amount of deduction $_____
Reason for deduction: _____

Current Value of Assets A=Applicant S=Spouse JT=Joint

TYPE=CK-Checking; SV-Savings; CD-Certificate of Deposit; M-Mutual Funds; IRA-Individual Retirement Account; A-Annuity; LI-Life Insurance; O-Other

Financial Institution Name	A/S/JT	TYPE	Current Value
			$_____
			$_____
			$_____
			$_____
			$_____
			$_____
			$_____
			$_____

Current Value of Liabilities

Yearly Real Estate Taxes $_____
Yearly School Taxes $ _____
Yearly Home Owners Insurance $_____
Credit Card(s) $_____
Mortgage $_____
Vehicle Loan $_____
Other Debt $_____
Other Debt $_____
Other Debt $_____

Do you currently own your home? YES ☐ NO ☐ IF YES:
Address
_____
Names of all individuals on deed
_____
Current value of home $_____
How was this value determined?
_____
Is there a current mortgage on home? YES ☐ NO ☐
If yes: Current Balance $_____
Mortgage Company Name_____
Is anyone residing at home other than applicant? YES ☐ NO ☐
If yes, name(s):
_____

Do you have any ownership interest in additional real estate or dwelling? YES ☐ NO ☐ IF YES:
Description of real estate/dwelling
_____
Address(s)
_____
Names of all individuals on deed
_____
Current Value $ _____

How was this value determined?

_____

Is there a current mortgage(s)? YES NO

If yes: Current Balance(s) $_____

Mortgage Company Name(s)

_____

Is anyone residing at this additional real estate/dwelling?
YES NO If yes, name(s):

_____

Has any property, home, or other real estate/dwelling you owned in the past 60 months been (a) sold, (b) transferred, (c) donated, or (d) given as a gift by you or a person on your behalf?

IF YES: Description of property, home, or other real estate/dwelling

_____

_____

Amount of sale, transfer, donation, or gift

_____

Individual(s) whom received transfer, donation, or gift

_____

Date(s) of sale, transfer, donation, or gift

_____

Within the past 60 months, have you or your spouse (a) sold, (b) transferred, (c) donated, (d) given as a gift, or (e) closed, in total or part of, to any individual or organization any assets such as: Cash, Bank Accounts, Certificates of Deposit, Bonds, Stocks, Real Estate, a Home, Land, Personal Property, Life Insurance Policy, Annuity, Bank Account, IRA, or any right to income you may have had?

Description of asset(s) sold, transferred, donated, gifted or closed

_____

_____

_____

Explain circumstances (attach extra paper if needed)

_____

_____

_____

_____

Amount of sale, transfer, donation, or gift $ _____

Individual(s) whom received transfer, donation, or gift

_____

Date(s) of sale, transfer, donation, or gift _____

Have you, or your Power of Attorney received financial planning services? YES NO IF YES:

Name(s) of financial planning service employed by you, or your Power of Attorney

_____

Do you, or your Power of Attorney, have an attorney assisting you? YES NO IF YES:

Name of Attorney _____

Phone #_____

Do you have a Long Term Care Insurance Policy? YES NO IF YES:

Name of company: _____

Policy number: _____

Daily Benefit: $_____

Additional information may be requested after review of this information.

CERTIFICATION

I, THE UNDERSIGNED Applicant (or Power of Attorney/Responsible Party), hereby certify that the foregoing information provided by me is true, correct, and complete to the best of my knowledge, information, and belief. I understand that the information provided may be used by Homeland Center or by the Pennsylvania Department of Human Services in determining Applicant's eligibility for medical assistance. I further understand that: (a) false statements in the foregoing application may be subject to penalties provided by law; and (b) all information is confidential and this application does not obligate Homeland Center or me in any way. I have read this application in full (or someone has read it to me) and I understand all questions asked in the application.

Applicant's Signature

_____

Date _____/_____/_____

If a person other than the applicant is completing this form, please provide the following:

Name: _____

Relationship: _____

Address:

_____

_____

Phone: (H) _____(C)_____(W)_____

Email: _____

Signature: _____

Date: _____/_____/_____

Additional information:

_____

_____

_____

_____

_____

_____

_____

Attach additional sheets as needed to complete all information.

Please complete and email, mail, fax or deliver to:

Homeland Center
1901 North Fifth Street
Harrisburg, PA 17102-1598
717-221-7900

Dementia/Rehab/Skilled Care: Susan Horvath
shorvath@homelandcenter.org
717-221-7706 (fax)

Personal Care: Jennifer Murray
jmurray@homelandcenter.org
717-232-0929 (fax)