



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
	<u>Applicant</u>	<u>Spouse</u>
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

<u>Financial Institution Name</u>	<u>A/S/JT</u>	<u>TYPE</u>	<u>Current Value</u>
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____
_____			\$ _____

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: _____

Additional information:

Signature: _____

Date: ____/____/____

Attach additional sheets as needed to complete all information.

Please complete and email, mail, or deliver to:

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

Dementia/Rehab/Skilled Care: Ashley Bryan

abryan@homelandcenter.org

Personal Care: Jennifer Murray

jmurray@homelandcenter.org