



Application for Admission

Name: _____
Last _____ **First** _____ **Middle** _____

Address: _____ **Phone:** _____

Date of Birth: _____

Social Security Number: _____

Marital Status: **Single** **Married** **Widowed** **Divorced**

If married, name of spouse: _____

Physician: _____

Medicare #: _____

Medicaid Part D Program: _____ # _____

Medicaid ID #: _____

Other Healthcare Plans:

Name _____ **ID Number** _____

Name _____ **ID Number** _____

Emergency Contact Persons

Name

Relationship

Address

Phone

Name

Relationship

Address

Phone

Financial Information

Bella Villa Independent and Assisted Living recognizes its responsibility to confirm that you will be able to afford the cost of continued residence. We may also be able to advise you in finding ways to do so. Accordingly, we need to ask the following questions.

Do you manage your own financial affairs, including handling the payment of your monthly bills?

Yes

No

If No, who assists you with your bill-paying and/or other financial business?

Name: _____

Are you a veteran who served on active duty during time of war? Or are you, or were you, the spouse of such a veteran?

Yes

No

(If Yes, you may be able eligible for the Department of Veterans Affairs aid program for veterans. We may be able to help you apply for assistance from this program.)

Have you owned a home or other real estate at any time during the past five years?

Yes

No

Please indicate the address of the property:

Have you appointed anyone to have your Power of Attorney, either for financial affairs or for healthcare?

Yes

No

If Yes, please provide us with a copy of the Power of Attorney form(s) when you return this application.

Do you plan to pay for the cost of living at *Bella Villa Independent and Assisted Living* from your own personal funds?

Yes

No

If No, who will assist you with meeting these costs?

Name

To the best of my understanding and belief, the information that I have provided above is correct.

Signature

Prospective Resident

Date

Signature

Family Member or Responsible Party

Date