



**FINANCIAL SUMMARY**

**MONTHLY INCOME**

**RESOURCES**

		Financial Institution	Account Name	Account #	Amount
Social Security	\$				\$
Private Pension	\$				\$
Veteran Benefits	\$				\$
Dividends	\$				\$
Interest	\$				\$
SSI	\$				\$
OTHER	\$				\$
<b>TOTAL</b>	<b>\$</b>				<b>\$</b>

- Life Insurance     YES     NO    Cash Value \$ \_\_\_\_\_
- Real Estate       YES     NO    Cash Value \$ \_\_\_\_\_
- Stocks & Bonds    YES     NO    Cash Value \$ \_\_\_\_\_
- CD's               YES     NO    Cash Value \$ \_\_\_\_\_
- Checking Acct.    YES     NO    Cash Value \$ \_\_\_\_\_
- Savings Acct.     YES     NO    Cash Value \$ \_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

Medicaid # \_\_\_\_\_ County Sponsoring \_\_\_\_\_  
Medicare # \_\_\_\_\_  
Prescription Drug Coverage (Including EPIC) \_\_\_\_\_  
Private Insurance # \_\_\_\_\_

**Please enclose copies of Medicare, Medicaid, Social Security and Insurance I.D. #'s**

**BURIAL ARRANGEMENTS**

Funeral Director's Name \_\_\_\_\_ Address: \_\_\_\_\_  
Phone # \_\_\_\_\_

**ADULT HOME PLACEMENT DISCUSSED WITH APPLICANT ON \_\_\_\_\_ By \_\_\_\_\_**

I (we) will cooperate with the placement facility in working with them and the County of Origin in processing the application and directing all applied income i.e. social security, pensions, etc. to the placement facility if covered by medical assistance (Medicaid). If Medicaid, Medicare or private insurance does not pay for the applicant's care, the applicant will be responsible for payment of all expenses incurred.

**Thank you for your interest in becoming a resident of The Mohawk Homestead where we provide "Adult Care at its Finest"**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
And/or Power of Attorney \_\_\_\_\_ Date \_\_\_\_\_