

FINANCIAL SUMMARY

MONTHLY INCOME

RESOURCES

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

- 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.

I certify that the above information is correct to the best of my knowledge. I also understand that we must pay The Mohawk Homestead the current monthly room & board rate of \$2450.00 for a minimum of 2 years (24 months) as long as I remain a resident of The Mohawk Homestead.

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 _____