

APPLICATION FORM

OFFICE USE ONLY

Admission Date: _____

Room/Apt.: _____

Today's date: _____

Applicant's Name in Full: _____

Address: _____ Phone Number: _____

County _____ City _____ State _____ Zip _____

How did you hear about Bartels Lutheran Retirement Community? Paper _____ Friend _____ Radio/TV
Other _____

Male Birth _____ Birth _____ Marital _____
 Female Date _____ Age _____ Place: _____ Status: S ___ M ___ W ___ D ___
County _____ City _____ State _____ Spouse Name: _____

Are you a U.S. citizen? Yes No Previous Occupation _____

Social Security No. _____ Medicare No. _____ Insurance Number _____
(attach copy of card) (attach copy of card) (attach copy of card)

Medicaid, Title 19 No. (attach copy of card): _____

Church Affiliation: _____ Church Address: _____

Pastor's Name: _____

Whom do you want called in case of emergency?

	Name	Relationship	Phone	Cell Phone
1)				
2)				

Is Resident or Spouse a Veteran? Yes No

Hospital Preference _____ Address _____ Phone _____

Primary Physician _____ Address _____ Phone _____

Dentist _____ Address _____ Phone _____

Eye Doctor _____ Address _____ Phone _____

Pharmacy _____ Address _____ Phone _____

Podiatrist _____ Address _____ Phone _____

Living Preference:

Woodland Terrace – Nursing: Single room Double room

Evergreen Arbor – Sheltered Care: Single room Double room

Linden Place – Assisted Living: Studio 1-bedroom 2-bedroom

Eichhorn Haus – Independent Living: 1-bedroom 2-bedroom

Do you want the first available in any of the above living areas? _____

Do you have a Financial Power of Attorney? Yes No Name _____ Phone _____

Do you have a Durable Power of Attorney? Yes No Name _____ Phone _____

Do you currently have Advanced Directives?: Living Will DNR

(Please provide a copy of each of the above items.)

Funeral home to be contacted _____ Address _____ Phone _____

Financial Information

Who is responsible for payments? _____

Address _____ Phone _____

My Present Income Consists of the Following:	Monthly	or	Annually
Social Security	\$ _____		\$ _____
Pensions	\$ _____		\$ _____
Rents	\$ _____		\$ _____
Interest/Dividends/Annuities	\$ _____		\$ _____
Other Income _____	\$ _____		\$ _____
_____	\$ _____		\$ _____

Please check the range of the applicant's assets (including value of home, savings, investments/CD's, and rental property).

- | | |
|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$300,001 - \$500,000 |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$500,001 - \$750,000 |
| <input type="checkbox"/> \$100,001 - \$200,000 | <input type="checkbox"/> \$750,001 - \$1,000,000 |
| <input type="checkbox"/> \$200,001 - \$300,000 | <input type="checkbox"/> \$1,000,000 + |

Have you given or deeded away property during the past six years? _____

Bartels Lutheran Retirement Community includes licensed nursing care, certified assisted living and independent retirement housing. It is dedicated to serve all persons regardless of race, color, religion, sex, national origin, age, disability or any other prohibited basis of discrimination.

I hereby certify that I have carefully studied this application and understood it in detail and that I have answered correctly, to the best of my knowledge and belief, all the questions herein contained. Incomplete, fraudulent or untrue statements shall constitute sufficient reason to reject an applicant, dismiss a member already received and relieve the Home of any obligation under written contract with party concerned. Copies of prior years' tax documents may be requested for verification.

The Bartels Lutheran Retirement Community is a SMOKE FREE facility.

Signature of Applicant _____

or Guardian/Family Member _____