



THE GREEN HOUSE[®]
HOMES at Mirasol

Admissions Application

Applicant's Personal Information			
First Name	Middle	Last	
Street Address	Apt. #	City, State	Zip Code
Telephone Number	Alternative Phone Number		
Date of Birth	E-mail		

Marital Status				
Single	Married	Divorced	Widowed	Separated
Spouse's First Name	Middle	Last		
Address	Apt. #	City, State	Zip Code	
Telephone Number	Alternative Phone Number			

Insurance Information			
Social Security Number	Medicare Number		
Medicare Hospital Insurance: Plan A	Yes	No	Medicare Hospital Insurance: Plan B Yes No
Other Insurance Plan	Telephone Number		
Group Number	Individual Plan Number		
Address	City, State	Zip Code	
Secondary Insurance	Telephone Number		
Group Number	Individual Plan Number		
Address	City, State	Zip Code	
Long Term Care Insurance	Plan Number	Telephone Number	
Medicaid	Medicaid Number:		

Financial Information

Current Monthly Income and Assest's			
Social Security Income		Veteran's Benefit Income	Veterans Administration Claim Number
Pension Income	Pension Name	Pension Claim #	Pension Address

Banking		
Bank Branch	Savings or Checking \$	Account Number
Bank Branch	Savings or Checking \$	Account Number
Bank Branch	Savings or Checking \$	Account Number
IRA or Money Market Account	Value \$	Account Number

Other Income			
Source	Address	Account Number	Amount \$
Source	Address	Account Number	Amount \$

Real Estate Property			
Location and Description		Value \$	Mortgage \$
Automobile Description		Value \$	Mortgage \$

Life Insurance			
Insurance Company or Affiliate			Type
Beneficiary	Surrender Value	Face Value \$	Premiums Paid

Power of Attorney/Guardian and Family Contact Information

Name of Financial Power of Attorney		Relationship	
Street Address	Apt. #	City, State	Zip Code
Home Phone Number		Cell Number	
Work Phone Number		E-mail	
Name of Medical Power of Attorney		Relationship	
Street Address	Apt. #	City, State	Zip Code
Home Phone Number		Cell Number	

Work Phone Number	E-mail		
Name of Responsible Party or Other			Relationship

Street Address	Apt. #	City, State	Zip Code
Home Phone Number		Cell Number	
Work Phone Number		E-mail	

Admission Information

PRIMARY CARE PHYSICIAN:	TELEPHONE #:
ADDRESS:	FAX #:

OTHER PHYSICIAN:	TELEPHONE #:
ADDRESS:	FAX #:

OTHER PHYSICIAN:	TELEPHONE #:
ADDRESS:	FAX #:

OTHER PHYSICIAN:	TELEPHONE #:
ADDRESS:	FAX #:

CARE MANAGER: (IF APPLICABLE)	TELEPHONE#:
ADDRESS:	FAX #:

HOSPITAL PREFERENCE:	TELEPHONE #:
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MORTUARY:	TELEPHONE #:
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PHARMACY:	TELEPHONE #:
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DENTIST:	TELEPHONE#:
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WHEN WAS YOUR LAST VISIT TO THE DENTIST?
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Disclosure

I hereby certify that all information is true and correct to the best of my knowledge. I hereby give permission to an authorized employee of The Green Houses at Marisol to verify any information made by me. I understand that completion of this application does not guarantee admission to The Green Houses at Marisol. I authorize The Green Houses at Marisol to make whatever reasonable inquiries are necessary including obtaining credit bureau reports.

Applicant's Signature

Date

Responsible Parties Signature

Date

In order to process this application you must provide copies of the following documents

Social Security Card	Medicare Card	Medicaid Card	Picture ID
Insurance Cards	Copies of Bank Statements	Pre-paid Burial Contracts	
Power of Attorney	Living Will	Long Term Care Insurance Policy	

Have you Gifted money to relatives in the last seven (7) years? () YES () NO