



**Personal Information:**

Applicant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Social Security Number: \_\_\_\_\_ Religion: \_\_\_\_\_

Current Address: \_\_\_\_\_  
County: \_\_\_\_\_ Number of Years: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
County: \_\_\_\_\_ Number of Years: \_\_\_\_\_

**Marital Status:** \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Legally Separated  
Name of Spouse (even if deceased): \_\_\_\_\_ Date of Marriage: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Address (if applicable): \_\_\_\_\_

**Health Insurance Coverage:** (Provide copies of cards for all that apply)

	Applicant	Spouse
<b>Medicare</b>	Part A Yes No Part B Yes No Medicare #:	Part A Yes No Part B Yes No Medicare #:
<b>Medicaid</b> Yes No Applying	Medicaid #: _____ Effective Date: ____/____/____	Medicaid #: _____ Effective Date: ____/____/____
<b>Medicare Supplemental Insurance</b>	Name: Address: Policy #:	Name: Address: Policy #:
<b>Medicare D Prescription Plan</b>	Name: Address: Policy #:	Name: Address: Policy #:

**Health Insurance Premium Amount:** \_\_\_\_\_

**Emergency Contacts:**

	Primary	Secondary
Name		
Relationship		
Address		
Home Phone		
Work Phone		
Cell Phone		
Email address		

**Physicians:**

	Primary	Other
Name		
Phone		
Address		
Emergency		
Specialty		

**Hospital Preference:** \_\_\_\_\_



**Monthly Income Amount:**

Source	Applicant	Spouse
Social Security		
SSI (ceases upon NH placement)		
Veterans Pension		
Railroad Retirement Pension		
Other Pension _____		
IRA/TDA/TSA		
Trust Income		
Other _____		
<b>Total Monthly Income</b>		

**ASSETS:** (Provide copies of current statements for all that apply)

Type of Account	Institution Name	Balance/Mkt Value	"As of" Date	Applicant or Spouse
Checking Acct (1)				
Checking Acct (2)				
Savings Acct (1)				
Savings Acct (2)				
CD (1)				
CD (2)				
Investment Funds				
Stocks/Bonds				
Annuity/IRA				
Other				
Life Insurance:	Ins Co. Name	Face Value	Cash Value	
Life Ins. Policy (1)				
Life Ins. Policy (2)				

**Property Owned:**

Home Address: \_\_\_\_\_ Market Value: \_\_\_\_\_  
Rental/Other Property Address: \_\_\_\_\_ Market Value: \_\_\_\_\_  
Life Use Estate Address: \_\_\_\_\_ Market Value: \_\_\_\_\_

**Funeral Information:**

Pre-paid burial? Yes \_\_\_\_\_ No \_\_\_\_\_ Funeral Home Name: \_\_\_\_\_  
**Cemetery Name:** \_\_\_\_\_

Has either the applicant or spouse ever been in the Military? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, who \_\_\_\_\_

**Medical Debts Outstanding:**

**Amount Owed:**

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____



**Has the applicant and/or spouse created a Trust?** Yes \_\_\_\_ No \_\_\_\_

Date Established: \_\_\_\_\_ Attorney Name: \_\_\_\_\_

**Is the applicant or spouse currently working with an attorney?** Yes \_\_\_\_ No \_\_\_\_

If yes, Attorney Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Transfer of Assets within the last three years:**

Asset Transferred	\$ Amount or Value	Date of Transfer	Receiver Name

**Applications expire after 30 days.**

**PLEASE NOTE:**

Both Federal and State laws impose severe penalties for obtaining Medicaid fraudulently. Therefore, you must provide an accurate and complete financial disclosure statement, which is required to decumbent the nature and use of your assets. This completed section of the Loretto Residency Application and Financial Disclosure Statement may be used in the future, if necessary, to substantiate your request and application for Medicaid.

Please be advised that effective 2006 Federal Law prohibits the transfer of assets for 60 months (5 years) prior to applying for Medicaid.

I hereby declare that all statements made herein are true to the best of my knowledge; I authorize you to verify the financial information through credit checks and inquiry to financial institutions.

\_\_\_\_\_  
**Applicant or Representative Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Administrator Signature**

\_\_\_\_\_  
**Date**