



Wexner Heritage Village

1151 College Ave ♦ Columbus, Ohio 43209 ♦ Tel: 614/231-4900

APPLICATION FOR RESIDENCY



Memory Care Assisted Living
The Cottage



Independent & Assisted Living
Creekside at the Village



Long-Term Care
Wexner Heritage House

INSTRUCTIONS: Please answer all questions completely and accurately. Please note N/A if not applicable. This information will be held in strict confidence. It will not be used for other uses or made public, except as needed and authorized for services or reimbursement of services.

PERSONAL INFORMATION

Applicants Full Name: _____

Date of Birth: _____ Social Security #: _____

Legal Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone #: _____ Cell Phone #: _____

E-mail Address: _____ Birthplace: _____

Marital Status: Single Married Widowed Divorced Never Married

Spouse's Name: _____

Spouse's Address: _____

SPIRITUAL LIFE

Religious Affiliation: _____ Church/Synagogue: _____

EMERGENCY CONTACT INFORMATION

Primary Contact Name: _____ Phone #: _____ Relationship: _____

Secondary Contact Name: _____ Phone #: _____ Relationship: _____

DURABLE POWER OF ATTORNEY

Do you have a designated **Healthcare Power of Attorney**? No Yes (Please provide a copy.)

Name: _____ Relationship: _____

Address: _____

Phone #: _____ Cell #: _____ Email: _____

Do you have a designated **Financial Power Of Attorney**? No Yes (Please provide a copy.)

Name: _____ Relationship: _____

Address: _____

Phone #: _____ Cell #: _____ Email: _____

Do you have a Living Will? No Yes (Please provide a copy.)

Do you have a physician signed DNR? No Yes (Please provide a copy.)

Has a Legal Guardian been designated by the court? No Yes (Please provide a copy.)

INSURANCE INFORMATION

Medicare #: _____ Medicaid #: _____

Primary Health Insurance Carrier: _____ Policy #: _____

Secondary Carrier: _____ Policy #: _____

Long Term Care Insurance? No Yes Carrier: _____ Policy #: _____

Life Insurance Policy? No Yes Amount: \$ _____

Primary Carrier: _____ Policy #: _____

CONFIDENTIAL FINANCIAL INFORMATION

The following request is needed to help evaluate our ability to meet your needs, to assure full utilization of all benefits and assistance available to you and to provide statistical information pertaining to the prospective resident.

Monthly Income	
Social Security	\$
Pension	\$
Trust	\$
Annuities	\$
Property	\$
Other	\$
Other	\$
Total Monthly Income	\$

Liabilities	
Mortgage	\$
Other Debts	\$
Medical Bills	\$
Other	\$
Other	\$
Other	\$
Other	\$
Total Liabilities	\$

Assets		
Asset	Type and Account #	Value / Amount
Savings Accounts		\$
Checking Accounts		\$
Stocks		\$
Mutual Funds		\$
Certificates		\$
Real Estate		\$
Other		\$
Other		\$
Other		\$
Total Assets		\$

Have you transferred any assets (i.e. gifts, real estate, bank accounts etc.) to anyone in the last sixty months (5 years)? No Yes
 If yes, then please provide the following information:

Name	Asset Transferred	Amount/Value	Date of Transfer

Please attach additional information.

Have you created any trusts in the last sixty months (5 years)? No Yes
 If yes, then please provide the following information:

Trustee	Type of Trust	Amount/Value	Date of Creation

Please attach additional information.

Have you made a **Medicaid application**? No Yes

If "Yes", date of application and outcome _____ If "No", do you plan to apply? No Yes

The undersigned person(s) represent that the information contained on this application form and any attached documents are true to the best of his/her/their knowledge and belief. The undersigned person(s) understand that Wexner Heritage Village will rely upon such information and agree that any misrepresentation or material omission made by the undersigned person in connection with this application may result in the denial of the application, the future discharge of the resident or possible legal action against the undersigned persons.

The undersigned person(s) grant Wexner Heritage Village, its employees and representatives to consult with any health care institution, government agencies, financial institutions or other entities or person(s) that may have information concerning the applicant's qualifications for admission an/or the information provided in this admission application. The undersigned person(s) further authorize and request all persons and entities possibly having information relevant to the applicant's qualifications for admission or the material in this application to supply such information to Wexner Heritage Village.

The undersigned person(s) extend immunity to and hereby release Wexner Heritage Village and any persons or entities from any and all liability arising out of the release of information, including otherwise privileged or confidential information.

Photocopies of this release will be as binding as the original.

The undersigned person(s) warrant that they can legally give consent and authorizations made above.

Resident: _____ Date: _____

Responsible Party: _____ Date: _____

We reserve the right to request further financial verification. Any omission from this financial statement may be deemed sufficient grounds to refuse further consideration for residency at Wexner Heritage Village.

I HEREBY CERTIFY that I make this application of my own free will. It is my purpose to make Wexner Heritage Village my home. In completing the foregoing Residency Application, all statements made herein are true, full, and complete. If I move-in, I agree to comply with all current and future policies and procedures of Wexner Heritage Village.

Signature of Applicant: _____ Date: _____

I, the undersigned Sponsor, interested in the applicant's residency, have advised the applicant to sign it, and it was signed in my presence of the applicant's own free will.

Signature of Sponsor: _____ Date: _____

Wexner Heritage Village does not discriminate on the basis of race, color, age, religion, sex, handicap, familial status or national origin.