



Do you have a designated DPOA? Yes \_\_\_\_\_ No \_\_\_\_\_ (please provide a copy)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Do you have a designated DPOA for Healthcare? Yes \_\_\_\_\_ No \_\_\_\_\_ (please provide a copy)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Do you have a Living Will? Yes \_\_\_\_\_ No \_\_\_\_\_ (please provide a copy)

Do you have a physician signed DNR? Yes \_\_\_\_\_ No \_\_\_\_\_ (please provide a copy)

Has a Legal Guardian been designated by the court? Yes \_\_\_\_\_ No \_\_\_\_\_ (please provide a copy)

### INSURANCE INFORMATION

Medicare # \_\_\_\_\_ Medicaid # \_\_\_\_\_

Health Insurance Primary Carrier and Policy # \_\_\_\_\_

Address/Phone \_\_\_\_\_

Secondary Carrier and Policy # \_\_\_\_\_

Address/Phone \_\_\_\_\_

Nursing Home/Assisted Living Coverage Yes \_\_\_\_\_ No \_\_\_\_\_

Carrier and Policy # \_\_\_\_\_

Address/Phone \_\_\_\_\_

Life Insurance Policy? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \_\_\_\_\_

Primary Carrier and Policy # \_\_\_\_\_

Address/Phone \_\_\_\_\_



4. Bonds

\_\_\_\_\_  
\_\_\_\_\_

5. Mutual Funds

\_\_\_\_\_  
\_\_\_\_\_

6. Certificates

\_\_\_\_\_  
\_\_\_\_\_

7. Real Estate

\_\_\_\_\_  
\_\_\_\_\_

8. Other Assets

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you transferred any assets (i.e. gifts, real estate, bank accounts etc.) to anyone in the last sixty months (5 years)?      Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, then please provide the following information:

Name	Asset Transferred	Amount/Value	Date of Transfer

Please attach additional information.

Trustee	Type of Trust	Amount/Value	Date of Creation

Have you created any trusts in the last sixty months (5 years)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, then please provide the following information:

Please attach additional information.

The undersigned person represent(s) 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 persons understand that Wexner Heritage House 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 applications, the future discharge of the resident or possible legal action against the undersigned persons.

The undersigned person(s) grant Wexner Heritage House, its employees and representatives to consult with any health care institution, government agencies, financial institutions or other entities or person 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 House.

The undersigned person(s) extend immunity to and hereby release Wexner Heritage House 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

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

## Documents to Bring Upon Admission

On the day that the applicant is to be admitted to the center as a resident, the following documents must be provided in order to complete the admissions process.

- Social Security Card
- Medicare Card
- Medicaid Card
- Social Security Administration assignment of benefits form
- Pension assignment of benefits form
- Bank Statements – the most recent copy of savings accounts, checking accounts and certificate of deposit statements.
- Dividend or Reinvestment Statements – the most recent copy of your dividend or reinvestment statements for any stocks, bonds or mutual funds listed in the application.
- A copy of any Advance Directives that have been executed
- A copy of all Powers of Attorney that have been executed
- A copy of any Guardianship designations that have been made by a probate court
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_