

APPLICATION FORM

THE RESIDENCE...
ASSISTED LIVING...
GENERATIONS DAY CENTER...
HEALTH & REHABILITATION CENTER...AT



MILWAUKEE
CATHOLIC HOME

THE RESIDENCE

2462 North Prospect Avenue
414-224-9700
FAX: 414-224-1666

ASSISTED LIVING

AND

HEALTH & REHABILITATION CENTER

2330 North Prospect Avenue
414-220-4610
FAX: 414-220-8495

GENERATIONS DAY CENTER

2330 North Prospect Avenue
414-220-4610 ext. 176
FAX: 414-220-8495

E-mail: info@milwaukeecatholichome.org



MILWAUKEE CATHOLIC HOME — APPLICATION FORM

Please check the residence or program you desire:

The Residence Assisted Living Health & Rehabilitation Center

Title	First Name	Middle Initial	Last Name	Nickname
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Street Address	City	State	Zip
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Telephone Number	E-mail	Birth Date	Sex
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Birthplace	Former Occupation
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Marital Status (S M W D)	Spouse's Name	Spouse's Former Occupation
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Religious Preference	Parish/Congregation
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Medicare Number	Social Security Number
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Other Health Insurance	Policy Number
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Personal Physician	Telephone Number	Fax Number
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EMERGENCY CONTACT

Name	Relationship	Home Phone	Work Phone
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Address	City	State	Zip
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To ensure that Milwaukee Catholic Home is able to meet your needs on a continuing basis, we recommend that you appoint a Power of Attorney for both health care and financial matters. **If any of the following apply, please provide Milwaukee Catholic Home with a copy of the documents:**

HEALTH CARE POWER OF ATTORNEY/GUARDIAN

Name	Home Phone	Work Phone
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Address	City	State	Zip
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POWER OF ATTORNEY (FINANCIAL)

Name	Home Phone	Work Phone	
Address	City	State	Zip

TRUST OFFICER

Name	Home Phone	Work Phone
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This financial information will be used by Milwaukee Catholic Home in determining ability to meet financial obligations. Further information regarding asset and income requirements for The Residence and Assisted Living is available upon request by calling 414-224-9700 and asking for the Welcome Center.

FINANCIAL INFORMATION

Assets:

Real Estate: Estimated Fair Market value: \$ _____

Amount of Mortgage: \$ _____

Equity value: \$ _____

Assets other than Real Estate: \$ _____

Total Annual Income: \$ _____

Debt: \$ _____

INFORMATION REQUIRED FOR LONG-TERM PLACEMENT

Assets Sold or Given Away Within the Last Five Years:

Description of What Sold or Given Away _____

By Whom _____

To Whom _____

Date of Gift or Sale _____

Total Market Value _____

Amount Received _____

ACKNOWLEDGMENT

By signing this form, I represent and warrant that the above information is true and correct and accurately reflects my financial condition and the funds that are available to pay for my care. I understand that Facility will be relying on the information provided herein and may terminate any and all agreements with me if I provide false or misleading information. I further give Facility permission to verify the information provided herein. I also understand that I may be required to provide updated financial information and agree to do so upon request. I believe I have adequate resources to meet my financial responsibilities, including those that I will attach if I am accepted into Facility.

Signature of Person Completing Form

Date



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