SOLHEIM
SENIOR COMMUNITY

2236 Merton Avenue, Los Angeles, CA 90041-1915
Phone: (323) 257-7518, Fax: (323) 255-3544 RCFE License# 970000049
www.SolheimSenior.org

APPLICATION FOR SNF RESIDENCY

Name _____ Nickname _____ Phone_____

Address _____

Birthdate _____ Birthplace _____

Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Single ☐

Do you live alone? ☐ Yes ☐ No If not, with whom do you live? _____

In what way(s) do they assist you? _____

Previous occupation(s)_____

Spouse's previous occupation _____

Education High School ☐ Some College ☐ BA/BSD ☐ Masters ☐ PhD ☐

Interests, hobbies, travels (past & present) _____

_____

_____

Hobbies or activities of particular DIS-interest _____

_____

_____

List family and friends of personal importance:

Name	Relationship	City/State	Zip Code
Name	Relationship	City/State	Zip Code
Name	Relationship	City/State	Zip Code
Name	Relationship	City/State	Zip Code

List spouses, children or siblings (if not already listed above):

Name	Relationship
Name	Relationship
Name	Relationship
Name	Relationship

Food likes, dislikes, habits: _____

_____

Evening/sleeping habits: _____

Allergies (meds/food): _____

How is your overall health at present? ☐ Good ☐ Fair ☐ Poor

How is your hearing? ☐ Good ☐ Fair ☐ Poor How is your vision? ☐ Good ☐ Fair ☐ Poor

Medicare #: _____ Social Security #: _____

Do you belong to an HMO organization, like Kaiser, United Healthcare, or Aetna? ☐ Yes ☐ No

If yes, what is its name? _____

If yes, is your Medicare signed over o the above organization? ☐ Yes ☐ No

In what city does your doctor practice in? _____

In what city does your doctor practice in? _____

List major illnesses, hospitalizations, and surgeries, including approximate dates:

_____

_____

_____

Comments (attach separate page if necessary):

_____

_____

_____

Physician _____ _____

phone (including area code)

Address: _____

city state zip

Alternate Physician _____ _____

phone (including area code)

Address: _____

city state zip

Preferred Hospital _____ _____

phone (including area code)

Address: _____

city state zip

Emergency Contact #1_____ _____

Relationship

Address: _____

city state zip

Phone/e-mail:_____

home work mobile email

Emergency Contact #2_____ _____

Relationship

Address: _____

city state zip

Phone/e-mail:_____

home work mobile email

Emergency Contact #3_____ _____

Relationship

Address: _____

city state zip

Phone/e-mail:_____

home work mobile email

Emergency Contact #4_____ _____

Relationship

Address: _____

city state zip

Phone/e-mail:_____

home work mobile email

Send Solheim bills to _____

_____

Please provide phone and address if not already listed

Financial Alternate _____

_____

Please provide phone and address if not already listed

Attorney _____ _____
phone (including area code)

Address: _____
city state zip

Dentist _____ _____
phone (including area code)

Address: _____
city state zip

Mortuary _____ _____
phone (including area code)

Address: _____
city state zip

Religion _____ _____
phone (including area code)

Address: _____
city state zip

Do you have an advance directive such as a Durable Power of Attorney for Healthcare of a Living Will?

☐ Yes ☐ No If yes, please provide a copy for your Solheim file.

Do you have a will? ☐ Yes ☐ No If yes, who holds it? _____

Prior to admission, we will need to make copies of both sides of the following cards:

☐ Social Security ☐ Medicare ☐ Medi-Cal (if applicable) ☐ Other health insurance

Will you bring a car? ☐ Yes ☐ No If yes, what is the license number? _____

ESTATE PRESERVATION

At Solheim, we recognize that the true purpose of your financial estate is to provide for your care and support during your retirement years. Part of the decision regarding your eligibility for residency is based upon the financial condition you present in this application. Any divestiture of the assets listed on the following pages that limits your ability to pay for your current or future care may jeopardize your continued residency.

CONFIDENTIAL FINANCIAL INFORMATION

STATEMENT of ASSETS* and INCOME, for _____
Name

**For each listed asset and monthly income, please provide a copy of the latest account and income statement.

ASSETS	**Current Value**	Include Income Produced by Assets	
		Monthly Income **[x12=]**	Annual Income
**Checking Account			
**Savings Account			
**Other Cash (explain)			
**Receivables/Notes			
**Certificates of Deposit			
**Mutual Funds			
**Stocks/Bonds			
**Real Estate-Residence			
**Real Estate-Rental			
**Cash Value of Life Insurance			
**Other Assets (explain)			
**Other Assets (explain)			
TOTAL ASSETS*			
OTHER INCOME			
**Social Security	SS N:		
**Pension			
**Annuities/Retirement/Gift Income (explain)			
**Other Income, including long term care insurance (explain)			
	TOTAL INCOME		

* If assets are shared with any other person, indicate that person, their relationship to you, and <u>your share</u> of the assets. _____

Debts

Description of Debt	Principal Balance
Total Debts	

Expenses

Description of Expenses	Monthly Amount
Expenses for Real Estate not being sold	
Healthcare costs (Premiums, Co-Pays, Medications, Insurance, etc.)	
Taxes and Assessments	
Travel, Entertainment, Enrichment	
Significant Gifts (Personal&Charitable)	
Personal Living Expenses	
Other (explain)	
Total Monthly Expenses	

Real Estate

Address of Property	Plan to Sell?	Mortgage Balance	Current Value
	☐ Yes ☐ No		
	☐ Yes ☐ No		
	☐ Yes ☐ No		

Financial Relationships

Do you have commitments for the full or partial support of another person(s)? ☐ Yes ☐ No

If yes, please explain: _____

_____

If your financial resources are marginal to meet Solheim's residency criteria, is there another person who would guarantee payment for your care and services should you be unable to do so? ☐ Yes ☐ No

If yes, whom? _____

I understand that approval of this application to Solheim Senior Community is contingent upon the above listed assets remaining in my name and being used for my benefit. I hereby give my consent for authorized representatives of Solheim Senior Community to verify the above information submitted on my behalf by myself, my family, my physician, or other sources. I also agree to provide a written accounting of any real estate sold within one year of my moving to Solheim. If move-in does not take place within three months of signing this application, I understand Solheim will require updated financial information.

Enclosed is $1,000 in payment of the non-refundable application fee (initials: _____)
(The $1,000 application fee is not applicable for admission to skilled nursing.)

_____ _____ _____
Applicant's Name (printed) Signature Date

_____ _____ _____
Responsible Party's Name (printed) Signature Date

Office Use Only

Application approved by _____ Executive Director / Administrator _____ Date

and _____ Officer, Board of Directors _____ Date

Physician's Report approved by _____ Director of Residential Health & Wellness _____ Date