



Mosser Nursing Home

Earning Your Trust Through Quality Care.

Application for Admission to Mosser Nursing Home

Date of Application: _____
 Applicant's Full Name: _____ Social Security #: _____
 Maiden/Other Name: _____ Phone #: _____
 Home Address: _____
 Current Location: _____
 Date of Birth: _____ Sex: F M Marital Status: M W D S
 Religion/Church: _____ City: _____
 Occupation: _____ Year Retired: _____ Retired From: _____
 Any Hospitalizations in Past 30 Days: Yes No
 Name of Hospital: _____
 Admission Date: _____ Discharge Date: _____

Any recent previous skilled facility/nursing home stay? Yes No
 Name of Nursing Home: _____
 Admission Date: _____ Discharge Date: _____

Is this stay expected to be short or long term? _____

Do you have a Living Will or Advance Directive? Yes No

Durable Power of Attorney (proof of legal representative, Durable Power of Attorney may be required upon admission to the nursing facility to make healthcare decision)

POA: Name: _____ Relationship: _____
 Address: _____ Phone#: _____

****NEXT OF KIN:**

Name: _____ Relationship: _____
 Address: _____ Phone#: _____

AMBULANCE ASSOCIATION:

Do you belong to one? Yes No

If yes, name and address of ambulance Association: _____

ASSETS:

1. Income: Social Security \$ _____ Per Month

Patient's Pension: (specify-bling, VA, Railroad, Etc.)

_____ \$ _____ Per Month

_____ \$ _____ Per Month

_____ \$ _____ Per Month

2. Real Estate: Residential (presently owned or owned within the past 30 months)

Does Applicant own any Real Estate? ___ Yes ___ No

If yes, Location: _____

3. Bank Accounts: (opened or closed within the past 30 months)

Savings Acct \$ _____ Name on Account: _____

Checking Acct \$ _____ Name of Account: _____

Bonds \$ _____ Stocks \$ _____ CD's \$ _____

Mutual Funds \$ _____

4. Life Insurance: ___ Yes ___ No

Company Name: _____ Policy paid up? ___ Yes ___ No

5. Hospital Insurance:

Medicare #: _____ Effective Date: Hospital _____ Medical _____

Blue Cross _____ Blue Shield _____

Identification #: _____ Group #: _____

Plan ___ A ___ B ___ C ___ H ___ Northeast ___ Capital ___ Other BC ___

Medical Assistance: ___ Yes ___ No

Pace Card: ___ Yes ___ No

Other: _____

6. Burial Arrangements:

Name of Undertaker: _____

Address: _____

Phone: _____

Signature of Person Completing Application