



**Mosser
Nursing Home**

Earning Your Trust Through Quality Care.



**LifeQuest
Nursing Center**

Earning Your Trust Through Quality Care.

Admission Application

Place check for appropriate Nursing Facility: Mosser Nursing Home LifeQuest Nursing Center

Applicant's Name _____

1. Home Address: _____
2. Telephone: _____ (home) _____ (cell)
3. Date of Birth: _____ Current Age: _____ Sex: _____
4. Marital Status: Married Never Married Widowed Divorced
5. Religion: _____ Church/Temple Membership: _____
6. Funeral Home: _____
7. Emergency Contact: Name: _____
Address: _____
Phone: _____ (home) _____ (cell)
8. Do you have Power of Attorney? Yes No If yes, Name _____
9. Total Monthly Income (Social Security, Pension, annuity, etc.) \$ _____
10. Total Assets (Savings, Checking, CD's, Stocks, etc.) \$ _____
Less than \$8,000 \$10,000 - \$25,000 \$25,000 - \$50,000
\$50,000 - \$100,000 Over \$100,000
11. Do you own your own home? Yes No Estimated value: _____
12. Are you paying for an Apartment or Accommodation in the community? Yes No
13. Social Security #: _____ - _____ - _____ Medicare #: _____ - _____ - _____
14. HMO Provider: _____ Policy #: _____
15. Secondary Insurance Plan: _____ Policy #: _____
16. Pace/Access Card #: _____
17. Have you transferred any money, property, etc. in the past 5 years? Yes No
If yes, to whom and how much? _____
18. What was your prior occupation? _____
What is the highest level of education that you attained? 8th grade or less 9th-11th grade
High School grad Some College College grad
19. Are you, or your spouse, a Veteran? Yes No
20. Have you had any recent Hospitalization or Skilled Nursing Facility stays within the past 60 days?
Yes No , if Yes Where? _____ Dates of stay _____
21. Personal Facility Preferences
Laundry Services: Family Facility
Physician: _____

I attest that all information is truthful, and understand that any misrepresentation or omission of information on this application will disqualify me from admission to the facility and will be cause for discharge if discovered after my admission.

Signature of applicant

Date

Signature/relationship of person completing form