

# Bellbrook



873 W Avon Road

Rochester Hills, MI 48307

(248) 656-6300

Information Concerning Prospective Resident:			
Name:		Veteran Status:	
Date of birth:	Age:	Sex:	Phone:
Current address:			
City:	State:	ZIP Code:	
Resident is now at:			
Address:			
City:	State:	ZIP Code:	
Phone:		How long?	
Emergency Contact			
Name:			
Address:			
City:	State:	ZIP Code:	
Home Phone:	Work Phone:	Cell Phone:	
Email Address:		Legal Authority?	
Relationship:			
Additional Emergency Contact			
Name:			
Address:			
City:	State:	ZIP Code:	
Home Phone:	Work Phone:	Cell Phone:	
Email Address:		Legal Authority?	
Relationship:			
General Information			
Current living situation:		Prior living situation:	
If currently hospitalized, name of hospital:			
Social workers name:		Dates of Stay:	
Past nursing home and hospital placements including dates in the last 6 months:			
General State of Health:		Height:	Weight:
Personal Physicians Name:		Phone:	

**OVER**

**Financial Information**

**So that we can better assist you in obtaining any possible coverage from Medicare, Medicaid, private insurance, and other sources, please complete this financial information page.**

**Insurance Information**

SSN:	Medicaid Number:
Medicare Number:	Blue Cross Number:
Other Insurance Numbers:	

**Assets**

	General Amount or Value:
Checking Accounts:	_____
Savings Accounts:	_____
Stocks and/or Bonds:	_____
Other:	_____

**Life Insurance**

	General Amount or Value:
Whole Life:	_____
Term Life:	_____
Real Estate and Land Contracts	_____
Mortgages Owned:	_____

**Income**

	General Amount or Value:
Salary Income:	_____
Pensions:	_____
Social Security:	_____
Supplemental Security Income:	_____

**General Information**

If application for Medicaid assistance has been made, please name the social worker and office:

Are assets held jointly:	With whom?
--------------------------	------------

I certify that the financial information contained above accurately represents my financial position as of this date. I authorize this health care center to release to the Family Independence Agency and/or the Social Security Administration, financial information relevant to application for the Title XIX (Medicaid) or supplemental security income (SSI). I certify that the information presented above is true and complete to the best of my knowledge and hereby authorize permission to the Nursing Care Center to verify any or all of the information and credit records.

Signature of applicant or responsible party:	Date:
--	-------

In an effort to provide a safe environment for our residents and pursuant to corporate policy, Bellbrook is required to perform a criminal background check and sex offender registry screening as part of your application process. The screening criteria were developed in accordance with Fair Housing law requirements and a redetermination process is available.