



WEXNER HERITAGE VILLAGE
To life = for life

The following request is needed to help evaluate our ability to meet your needs, to assure full utilization of all benefits and assistance available to you and to provide statistical information pertaining to the prospective resident.

Please return your completed form to:

Wexner Heritage House, Admissions Office, 1151 College Ave., Columbus, Ohio 43209

Name _____

First

Middle

Last

Age _____ Date of Birth _____ Social Security # _____

Permanent Address _____

Phone # _____ Cell Phone # _____

E-mail Address _____ Marital Status S ___ M ___ W ___ D ___

Spouse's Name _____ Phone # _____

Birthplace _____ Occupation _____

Have you or your spouse served in the U.S. Armed Forces Yes ___ No ___

Self ___ Spouse ___ Branch _____

Religious Affiliation _____ Church/Synagogue _____

Address _____

Clergy Name _____ Phone # _____

Emergency Contact Information

Primary _____

Name

Phone #

Relationship

Secondary _____

Name

Phone #

Relationship

Do you have a designated DPOA? Yes _____ No _____ (please provide a copy)

Name _____ Relationship _____

Address _____

Phone # _____ Cell # _____ Email _____

Do you have a designated DPOA for Healthcare? Yes _____ No _____ (please provide a copy)

Name _____ Relationship _____

Address _____

Phone # _____ Cell # _____ Email _____

Do you have a Living Will? Yes _____ No _____ (please provide a copy)

Do you have a physician signed DNR? Yes _____ No _____ (please provide a copy)

Has a Legal Guardian been designated by the court? Yes _____ No _____ (please provide a copy)

INSURANCE INFORMATION

Medicare # _____ Medicaid # _____

Health Insurance Primary Carrier and Policy # _____

Address/Phone _____

Secondary Carrier and Policy # _____

Address/Phone _____

Nursing Home/Assisted Living Coverage Yes _____ No _____

Carrier and Policy # _____

Address/Phone _____

Life Insurance Policy? Yes _____ No _____ Amount _____

Primary Carrier and Policy # _____

Address/Phone _____

CONFIDENTIAL FINANCIAL INFORMATION

The financially responsible person is not personally responsible for any of the Resident's charges rather this is a person who has legal access to and guarantees payment from the resident's income, assets or resources, including but not limited to Social Security, pension or retirement funds, annuities, insurance, etc. for charges incurred by the Resident for services performed by the Facility or on the Resident's behalf by any other person or company for which the Resident is or would be responsible for payment to or through the Facility billing, and who has an interest or responsibility in the Resident's welfare.

Do you have a designated DPOA for finances? Yes _____ No _____ (please provide a copy)

Name _____ Relationship _____

Address _____

Phone # _____ Cell # _____ Email _____

TOTAL MONTHLY INCOME \$ _____

Income Sources

1. Social Security or Railroad Retirement \$ _____
2. Veterans Benefits \$ _____
3. Pension and/or Annuities \$ _____
4. Dividends and Interest \$ _____
5. Property \$ _____

Assets Type/Account # Value/Amount (if held in trust please specify)

1. Savings Accts

2. Checking Accts

3. Stocks

4. Bonds

5. Mutual Funds

6. Certificates

7. Real Estate

8. Other Assets

Have you transferred any assets (i.e. gifts, real estate, bank accounts etc.) to anyone in the last sixty months (5 years)? Yes No

If yes, then please provide the following information:

Name	Asset Transferred	Amount/Value	Date of Transfer

Please attach additional information.

Trustee	Type of Trust	Amount/Value	Date of Creation

Have you created any trusts in the last sixty months (5 years)? Yes _____ No _____

If yes, then please provide the following information:

Please attach additional information.

The undersigned person represent(s) that the information contained on this application form and any attached documents are true to the best of his/her/their knowledge and belief. The undersigned persons understand that Wexner Heritage House will rely upon such information and agree that any misrepresentation or material omission made by the undersigned person in connection with this application may result in the denial of the applications, the future discharge of the resident or possible legal action against the undersigned persons.

The undersigned person(s) grant Wexner Heritage House, its employees and representatives to consult with any health care institution, government agencies, financial institutions or other entities or person that may have information concerning the applicant's qualifications for admission an/or the information provided in this admission application. The undersigned person(s) further authorize and request all persons and entities possibly having information relevant to the applicant's qualifications for admission or the material in this application to supply such information to Wexner Heritage House.

The undersigned person(s) extend immunity to and hereby release Wexner Heritage House and any persons or entities from any and all liability arising out of the release of information, including otherwise privileged or confidential information.

Photocopies of this release will be as binding as the original.

The undersigned person(s) warrant that they can legally give consent and authorizations made above.

_____ Resident

_____ Date

_____ Responsible Party

_____ Date

Documents to Bring Upon Admission

On the day that the applicant is to be admitted to the center as a resident, the following documents must be provided in order to complete the admissions process.

- Social Security Card
- Medicare Card
- Medicaid Card
- Social Security Administration assignment of benefits form
- Pension assignment of benefits form
- Bank Statements – the most recent copy of savings accounts, checking accounts and certificate of deposit statements.
- Dividend or Reinvestment Statements – the most recent copy of your dividend or reinvestment statements for any stocks, bonds or mutual funds listed in the application.
- A copy of any Advance Directives that have been executed
- A copy of all Powers of Attorney that have been executed
- A copy of any Guardianship designations that have been made by a probate court
- _____
- _____
- _____
- _____
- _____