



Cirrus Manor Residential Center Admission Application

Application Date: _____

Applicants Name: _____

(First) (Middle) (Last) (Suffix)

Date of Birth: _____ Social Security Number: _____

Current Home Address:

Home Phone: _____

Marital Status: _____

Cell Phone: _____

Name of Spouse: _____

Email: _____

(Please give name of spouse even if deceased)

Health Insurance Coverage (Please provide copies of proof of any insurance listed below)

Please list Medicare or Medicaid and provide copies of your card(s) if applicable.

| Insurance Name | Policy Number | Group &/or Plan Number |
|----------------|---------------|------------------------|
| | | |
| | | |
| | | |
| | | |

Do you intend to apply for Medicaid? (Y) (N)

Anticipated date of application: _____



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HOW DID YOU HEAR ABOUT US? Circle

-Family/Friend/Aquaintance – Newspaper- Radio-Television- Website- Open House/Community Event- Brochure- Church or Social club

Other: _____

Emergency Contact Information

1. Name: _____ Relationship: _____

Home Address: _____

Home Phone: _____

Representative

Cell Phone: _____

Next of Kin

Email: _____

Legal Guardian

POA

HCP

2. Name: _____ Relationship: _____

Home Address: _____

Home Phone: _____

Representative

Cell Phone: _____

Next of Kin

Email: _____

Legal Guardian

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Medical/Health Providers

Primary Care Provider: _____ Phone: _____

Address: _____



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Consulting Provider: _____ Phone: _____

Address: _____

Consulting Provider: _____ Phone: _____

Address: _____

Will Family transport to medical appointments? (Y) (N)

If yes, who will be the primary transport? _____

IMMUNIZATIONS:

Last INFLUENZA (FLU) date: _____ Last PNEUMOVAX (PNEMONIA) date: _____

Date of First Covid Vaccine Shot: _____ Date of Second Covid Vaccine Shot: _____

Covid Booster One: _____ Covid Booster Two: _____

Financial Disclosure

| SOURCE | APPLICANT | SPOUSE |
|-----------------------------|-----------|--------|
| Social Security | | |
| Veteran's Pension | | |
| Other Pensions | | |
| Annuities | | |
| Interest Income | | |
| Other Income | | |
| Total Monthly Income | | |

Notes: _____

| Asset Type | Institution Name | Account # | Current Balance or Cash |
|------------------|------------------|-----------|-------------------------|
| Checking Account | | | |



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| | | | |
|--------------------------|--|--|--|
| Savings Account | | | |
| CD (Maturity Date) | | | |
| Annuities | | | |
| Life Insurance Policies | | | |
| Pre-Paid | | | |
| Total Cash Assets | | | |

Notes: _____

Real Estate/Other

1. Property Address:

Appraised or Market

Value: _____

2. Property Address:

Appraised or Market

Value: _____

Have you transferred any assets to another person within the past 5 years? (Y) (N)

If yes, please state the value of the asset, to whom it was transferred, and the date of the transfer: _____



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Has the applicant or spouse retained the services of an attorney to obtain Medicaid eligibility?
(Y) (N)

If yes, please state the current status of the eligibility process: _____

Please List current debt/financial obligations:

| Business OR Organization Name | Type of Debt | Account Balance | Monthly Payments |
|-------------------------------|--------------|-----------------|------------------|
| | | | |
| | | | |
| | | | |

Burial Information

Funeral Home: _____ Address: _____

Cemetery: _____ Address: _____

Grave: _____

Instructions: _____

Certification

I hereby certify that the information provided by me to Cirrus Manor is and will be correct. I agree to pay any expense due to Cirrus Manor because of incorrect information provided by me.

Name of responsible party (Person responsible for making payment to Cirrus Manor)

Name: _____ Relationship if other than Resident _____

Address: _____

Home Phone: _____

Cell Phone: _____



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Email: _____

Signature: _____ Date: _____

Acknowledgement

I acknowledge and agree as follows:

I am financially responsible for any and all charges for care services provided to (Name of Resident) _____ by Cirrus Manor that are not covered by a third party insurer such as Medicaid.

- At all times I will be responsible for meeting the requirements of the third-party insurer.
- I shall not assert any claim that I was relieved of financial responsibility in the absence of any express written agreement stating such.
- In the event litigation is filed for non-payment charges, I agree to pay all expenses incurred by Cirrus Manor because of such litigation, including reasonable attorney fees.

Name of responsible party (Person responsible for making payment to Cirrus Manor)

Name: _____ Relationship if other than Resident _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Signature: _____ Date: _____



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Please include the following items, as applicable, when returning completed application:

- Non-Refundable Application fee
- Copy of Social Security Card
- Copy of Medicare card(s)
- Copy of Health Insurance card(s)
- Copy of Medication/ Part D plan card(s)
- Copy of EPIC card(s)
- Copy of Picture ID
- Copy of Social Security Award Letter /SSI Award Letter
- Copy of VA Award Letter
- Copy of Health Care Proxy
- Copy of POA
- Copy of Living Will
- Copy of DNR
- Copy of Burial
- Copy of Life Insurance Policy(ies) including Cash Value
- Three (3) months of bank statements for all accounts: checking and savings
- Verification of Property and Approximate
- Verification of all resources: Bonds, Stock, CD's, 401K etc.
- Verification of Medicaid Application, name of worker, and county applied in
- Verification of Covid-19 Vaccination (If vaccinated)

If Cirrus Manor will be assisting in the Medicaid Application process, please provide the following documents as well as the above listed:

- Six (6) months of bank statements for all accounts: Checking and Savings
- Copy of Birth Certificate
- Copy of Marriage Certificate
- Copy of Spouse's Death Certificate
- Vehicle Registration
- Verification of all resources with the Individuals name attached to it