



## Cirrus Manor Admission Application

Application Date: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ (Maiden Name) \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current Home Address:  
\_\_\_\_\_  
\_\_\_\_\_

Previous Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Email: \_\_\_\_\_

(Please give name of spouse even if deceased)

Date of Death: \_\_\_\_\_

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

Please list All Health Insurances you have to include Medicare or Medicaid and Private Insurances. Please provide copies of your card(s) if applicable.

Insurance Name	Policy Number	Group &/or Plan Number

**Do you intend to apply for Medicaid? Yes or No**

Anticipated date of application: \_\_\_\_\_ County Applied with: \_\_\_\_\_



## Cirrus Manor Admission Application

### HOW DID YOU HEAR ABOUT US? Circle

-Family/Friend/Acquaintance – Newspaper- Radio-Television- Website-

Open House/Community Event- Brochure- Church or Social club

Other: \_\_\_\_\_

#### Emergency Contact Information

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address:

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Representative

Cell Phone: \_\_\_\_\_ Next of Kin

Email: \_\_\_\_\_ Legal Guardian

HCP

POA

---

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address:

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Representative

Cell Phone: \_\_\_\_\_ Next of Kin

Email: \_\_\_\_\_ Legal Guardian

POA

HCP



## Cirrus Manor Admission Application

### Medical/Health Providers

---

Primary Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Address:

\_\_\_\_\_

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	Institution Name	APPLICANT	SPOUSE
Social Security			
Veteran's Pension			
Pensions (Name of Company)			
Annuities			
Interest Income			
Other Income			
<b>Total Monthly Income</b>			



## Cirrus Manor Admission Application

**Notes:** \_\_\_\_\_

Asset Type	Institution Name	Account #	Current Balance or Cash Value
Checking Account			
Checking Account			
Savings Account			
CD (Maturity Date)			
Annuities, Stocks, Bonds, Mutual Funds			
Life Insurance Policies			
Pre-Paid Burial/ Plot			
Deferred Comp, IRA, Keogh			
<b>Total Cash Assets</b>			

**Asset Notes:**

---



---



---



---



---

**Tax Return:**

Have you or your spouse filed a U.S. income tax returns in the last four years?  Yes  No

**If yes, send complete copies of these returns.**



## Cirrus Manor Admission Application

### Real Estate/Other

Are you in the process of selling your home?

1. Property Address:

---

---

Appraised or Market Value: \_\_\_\_\_

2. Property Address:

---

---

Appraised or Market Value: \_\_\_\_\_

3. Have you transferred any assets to another person within the past 5 years (etc.; Money, Property, Vehicle or Deed)? Yes or No

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

---

4. Has the applicant or spouse retained the services of an attorney to obtain Medicaid eligibility? Yes or No

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

---

Please List current medical bills in past 3 months that have not been paid /debt/financial obligations:

Company or Organization Name	Type of Debt	Account Balance	Monthly Payments



## Cirrus Manor Admission Application

### 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: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Cirrus Manor Admission Application

### 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: \_\_\_\_\_



## Cirrus Manor Admission Application

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

- o Copy of front and back of Social Security Card
- o Copy of front and back of all insurance cards
- o Copy of Medication
- o Copy of EPIC card(s)
- o Copy of Picture ID
- o Copy of Social Security Award Letter /SSI Award Letter
- o Copy of VA Award Letter
- o Copy of Pension Verification Letter
- o Copy of Health Care Proxy
- o Copy of POA
- o Copy of Living Will
- o Copy of DNR
- o Copy of Burial Plot or Pre paid Burial Account
- o Copy of Life Insurance Policy(ies) including Cash Value and Face Value
- o Copy of (6) months of bank statements for all accounts: checking and savings
- o Verification of Property and Approximate Value
- o Title for all Vehicles in their Name
- o Copy of all resources: Deed's, Bonds, Stock, CD's, 401K, Mutual Funds, IRA, Deferred Comp etc.
- o Verification of Medicaid Application, name of worker, and county applied in
- o Verification of Covid-19 Vaccination (If vaccinated)
- o Copy of Birth Certificate
- o Copy of Marriage Certificate
- o Copy of Spouse's Death Certificate
- o Vehicle Titles
- o Verification of all resources with the Individuals name attached to it