

Thank you for your interest in Kingsway. In order to properly process an individual's application, we must have the following information. Please answer all questions carefully. The information herein is confidential and constitutes the basis for client acceptance.

Today's Date _____

Date Received _____
(for Office use only)

Name of Client _____
Last First Middle

Address _____
Street City State/Zip

Social Security Number _____ Phone Number _____

Date of Birth: _____ Male Female Marital Status: _____

U.S. Citizen? Yes No If not citizen of U.S. or dual citizenship, what country? _____

Name of Attending Physician: _____ Phone #: _____ Fax #: _____

Individuals to be contacted for future correspondence: (List additional contacts on separate sheet if necessary.)

1. Name _____ Home# _____ Work# _____ Cell# _____

Address _____ Relationship _____

Email address _____

POA Guardian Health Care Proxy Authorized to assist with finances? Yes No

2. Name _____ Home# _____ Work# _____ Cell# _____

Address _____ Relationship _____

Email address _____

POA Guardian Health Care Proxy Authorized to assist with finances? Yes No

CONFIDENTIAL FINANCIAL STATEMENT

Earned Income: (Monthly) \$ _____
Social Security Benefits \$ _____
Veteran's Benefits \$ _____
Other Pension (Specify) \$ _____
Railroad Retirement \$ _____
Annuity \$ _____
Other (Specify) \$ _____
Net Monthly Income: \$ _____

List all assets you intend to use to pay for your care, i.e. bank/investment accounts:

Institution Address Account Number Balance *

- 1. Do you have any CDs? [] No [] Yes If yes, what is the value? _____ *
2. Do you own stocks or bonds? [] No [] Yes If yes, what is the value? _____ *
3. Do you own real estate? [] No [] Yes If yes, what is the value? _____
Do you plan to sell principal residence or other real estate to pay for your financial obligations while at Kingsway? [] No [] Yes *
4. List any other assets (attach page if necessary) _____
5. Do you have LTC insurance? [] No [] Yes If yes, with what insurance company? _____
6. List total assets available to pay for your care \$ _____

* Please provide copies of most recent bank, or brokerage or other account statements to verify balances.

Have you created a Trust or have any of your assets been transferred, including gifts to family members or others, within the last 5 years? [] No [] Yes

If yes, please provide information/copies _____

I understand that Kingsway Home Care Service relies upon the accuracy of the above information for the purpose of determining whether there will be a source of payment and to determine when the client may need financial assistance. I hereby give Kingsway Home Care Service permission to verify medical and financial information supplied on this application for admission and further agree that the funds will be available for the care of the applicant during his/her services with Kingsway Home Care Service.

Signature of Prospective Client
Address
Phone Number

Signature of Financially Responsible Party (if other than resident)
Date
Relationship to Applicant