



Hope Senior Living

Hope Health &
Rehabilitation
Center

920-269-4386

www.hopehealthandrehab.com

Resident Name: _____

FINANCIAL PARTY INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Relationship to Resident: _____

Guardian of Finances _____ POA _____ Joint Account _____

INSURANCE INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

ID Number: _____

Group Number: _____

Social Security Number: _____ - _____ - _____

Medicare Number: _____

Medicaid Number: _____

For information concerning Medicaid applications, please contact Dodge County Human Services at (920) – 386-3760.

If it is determined you qualify for Medicaid, your Medicaid contribution (Social Security and pension minus \$40 for spending) is due from the date of eligibility. This amount is due while your application is pending. If your application is denied, you will personally be responsible for all charges from the date of admission including an admission fee.

Social Security Check: \$ _____

Pension Check: \$ _____

FINANCIAL INFORMATION

Name: _____

Own any Real Estate: Yes _____ No _____

Assessed Value: \$ _____

Partner in any Partnership: Yes _____ No _____

Shareholder in a closely held corporation: Yes _____ No _____ Amount \$ _____

Beneficiary of any Trust: Yes _____ No _____ Amount \$ _____

Trustee of any Trust: Yes _____ No _____ Amount \$ _____

Own Stocks: Yes _____ No _____ Amount \$ _____

Own Bonds: Yes _____ No _____ Amount \$ _____

Beneficiary of Mutual Funds: Yes _____ No _____ Value \$ _____

IRA Accounts: _____ Amount \$ _____

Savings Account: _____ Amount \$ _____

Checking Account: _____ Amount \$ _____

Life Insurance Policy:

Whole Life: _____ Cash Value \$ _____

Term Life: _____ Cash Value \$ _____

Long Term Health Insurance: Yes _____ No _____

Company: _____

Address: _____

Policy Number: _____

Phone Number: _____

Signature of Applicant or Responsible Party

Date