

FUNERAL HOME PREFERENCE

Name Street Address/PO Box City, State Zip Phone with area code

RESIDENT IS MOVING FROM: _____

DOES APPLICANT HAVE THE FOLLOWING? IF MARKED "YES", PLEASE PROVIDE COPIES OF THE DOCUMENTS.

Document Title	Yes	No	Name of POA's, Conservator, Guardian	Currently acting on Resident's behalf
Living Will				
Power of Attorney for Health Decisions				
Power of Attorney for Financial Decisions				
Conservator				
Guardian				

IN CASE OF AN EMERGENCY, PLEASE NOTIFY THE FOLLOWING (PLEASE LIST IN ORDER OF PREFERENCE):

Name, Mailing Address, PO BOX City, State, Zip	Relationship	Phone numbers with Area Code Work, Home, Cell

PERSON RESPONSIBLE FOR ACCOUNT (PLEASE PROVIDE DOCUMENTATION OF FINANCIAL P.O.A.)

Name, Mailing Address, PO BOX City, State, Zip	Relationship	Phone numbers with Area Code Work, Home, Cell

FINANCIAL STATEMENT (FOR ADMITTING APPLICANT ONLY)

MONTHLY INCOME:

1. Social Security	\$ _____
2. Pension	\$ _____
3. Interest and Dividends	\$ _____
4. Other Income (Describe)	\$ _____
_____	\$ _____
_____	\$ _____
MONTHLY TOTAL (Add lines 1 through 4:)	\$ _____

ASSETS AND LIABILITIES:

A. Assets owned SOLELY by admitting applicant:

1. Real Estate	\$ _____
2. All other assets (i.e., stocks, bonds, mutual funds, savings accounts, Certificate of Deposits, etc.)	\$ _____
3. Less: Off-Setting Liabilities	\$ _____
Net Assets owned SOLELY by admitting applicant (Add lines 1 & 2, subtract line 3)	\$ _____

B. Assets owned JOINTLY by admitting applicant and other person(s):

1. Real Estate	\$ _____
2. All other assets (i.e., stocks, bonds, mutual funds, savings accounts, Certificate of Deposits, etc.)	\$ _____
3. Less: Off-Setting Liabilities	\$ _____
Net Assets owned JOINTLY by admitting applicant and other person(S) (Add lines 1 & 2, subtract line 3)	\$ _____

C. Other assets in which the admitting applicant has an interest (Describe property and interest held):

D. Nursing Home Insurance (for admitting applicant only): _____

Covered Services: Home Health Care Assisted Living Nursing Home

I certify that the information I have provided in the foregoing application is true and correct and that I am signing as the responsible party. I have either been authorized by the applicant to provide the information contained in this application or am acting as the applicant's guardian and/or conservator. I understand that The Gardens at Luther Park Community is relying on the accuracy of the information provided in this application in order to make a decision on admission. I understand and agree that any misrepresentation as to any information provided in this application is grounds for rejection of this application. I further understand and agree that if any misrepresentation as to any information provided in this application is discovered after admission, and admission would not have been granted if the correct information had been provided, or if it is discovered after admission that assets have been transferred which materially alter the applicant's personal net worth, The Gardens at Luther Park Community reserves the right to pursue any legal, equitable, or other remedies it may have against the applicant and/or responsible party signing the application below on behalf of the applicant.

I further understand that The Gardens at Luther Park Community is committed to promoting good health and safety among its residents and, therefore, **SMOKING BY RESIDENTS IS PROHIBITED ON FACILITY PROPERTY.**

By: _____
SIGNATURE OF APPLICANT AND/OR RESPONSIBLE PARTY

Date: _____

The Gardens at Luther Park Community Resident Information Data Sheet							
PATIENT NAME	ADDRESS: 2910 E. 16 th Street Des Moines, IA 50316 Apt #:	PHONE:	DOB:	AGE:	RACE:	SEX:	CODE STATUS:
MARITAL STATUS:	SS#	RELIGION:	DATE OF ADMISSION				
ALLERGIES:	DIAGNOSIS						
PHYSICIAN: PHONE: FAX:	DENTIST: PHONE: FAX:						
PHARMACY: PHONE: FAX:	LEVEL OF CARE:						
HOSPITAL PREFERENCE	NURSING HOME PREFERENCE			FUNERAL HOME:			
DURABLE POWER OF ATTORNEY:	FINANCIAL POWER OF ATTORNEY:			GDS:			
EMERGENCY CONTACT							
NAME:				NAME:			
ADDRESS:				ADDRESS:			
HOME PHONE:				HOME PHONE:			
WORK PHONE:				WORK PHONE:			
CELL PHONE:				CELL PHONE:			
RELATIONSHIP:				RELATIONSHIP:			
MEDICARE:				MEDICAL INSURANCE:			