



LifeQuest Nursing Center

Earning Your Trust Through Quality Care.

Admissions Application

Date _____

Name _____ SS# _____ Religion _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Age _____ Marital Status _____ Phone number _____

Contact Person _____

Address _____ City _____ State _____ Zip _____

Phone/Home _____ Phone/Work _____

Prospective Residents Present Location _____

Social Worker _____

Who can we thank for referring you? _____

Has applicant been a resident at any LifeQuest facility before? _____

Family Physician _____

Medical Insurance:

Medicare Part A: _____

Primary Insurance: _____

Secondary Insurance: _____

Other: _____

Financial Information:

Savings _____

Checking _____

Pension _____

Social Security _____

Stocks, Bonds _____

Other _____

Real Estate:

Location: _____

Est. Net Present Value: _____

Insurance:

Life Insurance ____ Yes ____ No

Amount _____

Long-Term Care Insurance ____ Yes ____ No

Funeral Home _____

Advanced Healthcare Directives ____ Yes ____ No

Power of Attorney ____ Yes ____ No

I, the undersigned, hereby state that the information and statements made in this application are true, correct, and complete to the best of my knowledge, information, and belief.

Signature: _____ Date: _____

(Prospective resident)

Signature: _____ Date: _____

(Authorized Representative/POA)