

ASSETS

Homestead _____

Other Real Estate _____

Mineral Rights _____

Banking (Banks and Balances)

 Checking Accounts _____

 Savings Accounts _____

 CD's/Money Market Accounts/IRA's _____

Other Investments (Companies and Balances) _____

Savings Bonds (Bank and Contents) _____

Closed Accounts (Balances and Dates): _____

Safe Deposit Box _____

Patient Trust Fund _____

Notes Receivable _____

Cash on Hand _____

Life Insurance _____

Burial Plots _____

Preneed Burial Arrangements _____

Trusts _____

Vehicles _____

INCOME

Income _____

SS _____

Retirement _____

Annuities _____

VA Benefits _____

Notes Receivable _____

Other _____

OTHER IMPORTANT INFORMATION

Transfer or Gift History _____

Accounts Closed Within Five Years _____

Health Insurance _____ Premium _____

Medicare Supplement _____ Premium _____

Medicare Advantage Plan _____ Premium _____

Medicare D _____ Premium _____

Is the applicant or spouse a veteran? Yes No

Dates of Service _____

Was the applicant admitted to the nursing home directly from the hospital?

Yes No