

SOLHEIM SENIOR COMMUNITY

2236 Merton Avenue, Los Angeles, CA 90041-1915
 Phone: (323) 257-7518, Fax: (323) 255-3544 RCFE License # 191802082
 www.SolheimSenior.org

APPLICATION FOR RCFE RESIDENCY

Name _____ Nickname _____ Phone _____

Address _____

Birthdate _____ Birthplace _____

Married Widowed Divorced Separated Single

Do you live alone? Yes No If not, with whom do you live? _____

In what way(s) do they assist you? _____

Previous occupation(s) _____

Spouse's previous occupation _____

Education High School Some College BA/BS Masters PhD

Interests, hobbies, travels (past & present) _____

Hobbies or activities of particular DIS-interest _____

List family and friends of personal importance:

Name	Relationship	City/State	Zip Code
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Name	Relationship	City/State	Zip Code
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Name	Relationship	City/State	Zip Code
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Name	Relationship	City/State	Zip Code
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List spouses, children or siblings who have died:

Name	Relationship	Year of Passing
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Name	Relationship	Year of Passing
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Name	Relationship	Year of Passing
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Name	Relationship	Year of Passing
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Food likes, dislikes, habits: _____

Evening / Sleeping Habits _____

Allergies (meds / food) _____

How is your overall health at present? Good Fair Poor

How is your hearing? Good Fair Poor

How is your vision? Good Fair Poor

Medicare #: _____

Social Security #: _____

Do you belong to an HMO organization, like Kaiser, Cigna or Secure Horizons? Yes No

If yes, what is its name? _____

If yes, is your Medicare signed over to the above organization? Yes No

In what city does your doctor practice? _____

List major illnesses, hospitalizations and surgeries, including approximate dates.

Comments (attach separate page if necessary)

Physician _____
Address: _____
city state zip
phone (including area code)

Alternate Physician _____
Address: _____
city state zip
phone (including area code)

Preferred Hospital _____ **Preferred Pharmacy** _____

Emergency Contact #1 _____
Address: _____
city state zip
Relationship
phone / e-mail _____
home work mobile email

Emergency Contact #2 _____
Address: _____
city state zip
Relationship
phone / e-mail _____
home work mobile email

Emergency Contact #3 _____
Address: _____
city state zip
Relationship
phone / e-mail _____
home work mobile email

Emergency Contact #4 _____
Address: _____
city state zip
Relationship
phone / e-mail _____
home work mobile email

Send Solheim bills to _____

Please provide phone and address if not already listed

Financial Alternate _____

Please provide phone and address if not already listed

Attorney _____
_____ phone (including area code)

Address: _____
_____ city _____ state _____ zip

Dentist _____
_____ phone (including area code)

Address: _____
_____ city _____ state _____ zip

Mortuary _____
_____ phone (including area code)

Address: _____
_____ city _____ state _____ zip

Religion _____
_____ denomination)

Address: _____
_____ city _____ state _____ zip

Do you have an advance healthcare directive such as a Durable Power of Attorney for Healthcare or a Living Will? Yes No If yes, please provide a copy for your Solheim file.

Do you have a will? Yes No If yes, who holds it? _____

Prior to admission, we will need to make copies of both sides of the following cards:

Social Security Medicare Medi-Cal (if applicable) Other health insurance

Will you bring a car? Yes No If yes, what is the license number? _____

ESTATE PRESERVATION

At Solheim, we recognize that the true purpose of your financial estate is to provide for your care and support during your retirement years. Part of the decision regarding your eligibility for residency is based upon the financial condition you present in this application. Any divestiture of the assets listed on the following pages that limits your ability to pay for your current or future care may jeopardize your continued residency.

CONFIDENTIAL FINANCIAL INFORMATION

STATEMENT of ASSETS* and INCOME, for _____

Name

**For each listed asset and monthly income, please provide a copy of the latest account and income statement.

ASSETS	Current Value	Include Income Produced by Assets	
		Monthly Income [x12=]	Annual Income
**Checking Account			
**Savings Account			
**Other Cash (explain)			
**Receivables/Notes			
**Certificates of Deposit			
**Mutual Funds			
**Stocks/Bonds			
**Real Estate—Residence			
**Real Estate—Rental			
**Cash Value of Life Insurance			
**Other Assets (explain)			
**Other Assets (explain)			
TOTAL ASSETS*			
OTHER INCOME			
**Social Security	SSN:		
**Pension			
**Annuities/Retirement/Gift Income (explain)			
**Other Income, including long term care insurance (explain)			
TOTAL INCOME			

* If assets are shared with any other person, indicate that person, their relationship to you, and your share of the assets. _____

Debts

Description of Debt	Principal Balance
Total Debts	

Expenses

Description of Expenses	Monthly Amount
Expenses for Real Estate not being sold	
Healthcare Costs (Premiums, Co-Pays, Medications, Insurance, etc.)	
Taxes and Assessments	
Travel, Entertainment, Enrichment	
Significant Gifts (Personal & Charitable)	
Personal Living Expenses	
Other (explain)	
Total Monthly Expenses	

Real Estate

Address of Property	Plan to Sell?	Mortgage Balance	Current Value
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Financial Relationships

Do you have commitments for the full or partial support of another person(s)? Yes No

If "yes," please explain: _____

If your financial resources are marginal to meet Solheim's residency criteria, is there another person who would guarantee payment for your care and services should you be unable to do so? Yes No

If "yes," whom? _____

I understand that approval of this application to Solheim Senior Community is contingent upon the above listed assets remaining in my name and being used for my benefit. I hereby give my consent for authorized representatives of Solheim Senior Community to verify the above information submitted on my behalf by myself, my family, my physician or other sources. I also agree to provide a written accounting of any real estate sold within one year of my moving to Solheim. If move-in does not take place within three months of signing this application, I understand Solheim will require updated financial information.

Enclosed is \$1000 in payment of the **non-refundable** application fee (Initials: _____)

(The \$1000 fee is not applicable for admission to skilled nursing).

Applicant's Name (printed)

Signature

Date

Responsible Party's Name (printed)

Signature

Date

Application approved by _____

Executive Director

Date

and

Officer, Board of Directors

Date

Physician's Report approved by _____

Director of Skilled Nursing

Date

office use only