

RESPONSIBLE PARTY

Do you have a durable power of attorney for healthcare decisions? ____ Yes ____ No
 Do you have a durable power of attorney for financial decisions? ____ Yes ____ No

Responsible Party/Financial Guardian:

Healthcare Power of Attorney/Guardian

Name _____

Name _____

Address _____

Address _____

City _____ State ____ Zip _____

City _____ State ____ Zip _____

Wk # _____ Home # _____

Wk # _____ Home # _____

Cellular # _____

Cellular # _____

Relationship _____

Relationship _____

Alternate/Secondary:

Alternate/Secondary:

Name _____

Name _____

Address _____

Address _____

City _____ State ____ Zip _____

City _____ State ____ Zip _____

Wk # _____ Home # _____

Wk # _____ Home # _____

Cellular # _____

Cellular# _____

Relationship _____

Relationship _____

INSURANCE INFORMATION

Social Security No. _____

Family Care ____ Yes ____ No

Medicare No. _____

Family Care Number _____

Other Insurance _____

ID No. _____

1) Name & Policy No. _____

Caseworker _____

Caseworker phone # _____

2) Name & Policy No. _____

Recent Hospital Stay Dates _____

Veteran: Y N Spouse a veteran: Y N

GENERAL REFERENCES

Attending Physician _____

Phone No. _____

Specialist _____

Phone No. _____

Specialist _____

Phone No. _____

Pharmacy _____

Phone No. _____

Hospital _____

Phone No. _____

Funeral Home _____

Phone No. _____

FINANCIAL DATA

Information supplied is strictly confidential. Supporting financial documents such as bank statements required.

ASSETS

	Amount	Totals
Checking	\$ _____	
Savings Accounts	\$ _____	
CDs	\$ _____	
Stocks.....	\$ _____	
Bonds	\$ _____	
Mutual Funds.....	\$ _____	
Money Market.....	\$ _____	
Funds Held in Trust	\$ _____	
Real Estate	\$ _____	

Description: Home Rental Property

Name of person(s) on the deed? _____

Other Assets (Please describe) _____ \$ _____

Total Assets \$ _____

LIABILITIES

Home Mortgage (remaining balance).....	\$ _____
Loan Payments (remaining balance)	\$ _____
Other Liabilities (please describe) _____	\$ _____

Total Liabilities \$ _____

Net Assets Balance \$ _____

MONTHLY INCOME

Social Security	\$ _____
Private Pension	\$ _____
Investment Income	\$ _____
Government Pension	\$ _____
Annuity	\$ _____
Other (explain) _____	\$ _____

Total Monthly Income \$ _____

Have you divested? Yes No Date of divestment _____

* Please mark any assets that are jointly held with another individual by putting an asterisk by the asset and list the name(s) of any co-owners(s): _____

I make this application for residence of my own free will and accord. I declare the answers to the foregoing questions to be true, full, and complete to the best of my knowledge. Any material misstatement in the information or subsequent transfer of assets empowers Franciscan Villa of South Milwaukee, Inc. to void the application approval and/or Admission/Rental and Service Agreement. I understand that Franciscan Villa of South Milwaukee Inc. may verify statements given in this application.

Date _____ Signature _____

Reviewed by _____ Date _____ Initials _____



- Franciscan Villa
- Franciscan Courts
- Franciscan Gardens
- Francis House

3601 S. Chicago Ave, S. Milw., WI 53172
www.franciscanvilla.org

APPLICATION FOR RESIDENCY

This application ***MUST be completed in its entirety.*** Franciscan Villa of South Milwaukee Inc. affords equal treatment and access to its facilities and services for all persons without unlawful discrimination due to race, color, religion, sex, age, national origin, ancestry, or disability. **All information will be held in confidence.**

Full Name: _____ DOB: _____

Current Address: _____

City _____ State _____ Zip _____ Phone _____ Email _____

Marital Status: Never Married ___ Married ___ Widowed ___ Separated ___ Divorced ___

Religion: _____ Church Affiliation: _____ Pastor: _____

How did you learn about our campus? _____

Reason for placement _____

If nursing home placement, this will be: *long-term residence* _____ *temporary care* _____

CHILDREN

Name	Address	Telephone Number
_____	_____	(____) _____
Email address _____		(____) _____
_____	_____	(____) _____
Email address _____		(____) _____
_____	_____	(____) _____
Email address _____		(____) _____
_____	_____	(____) _____
Email address _____		(____) _____

OTHER CLOSE RELATIVES OR FRIENDS

Name	Address	Telephone Number
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____