



MEADOWBROOK

· At Clark-Lindsey ·

RESIDENCY APPLICATION & FINANCIAL DISCLOSURE STATEMENT

Name: _____ Gender: Male Female

Home address: _____

Phone: _____

Now residing at: _____

Social security number: _____ Birth Date: _____

Medicare #: _____ Check all that apply: Part A Part B Part D

Other medical insurance: _____

Other prescription insurance: _____

Long-term care insurance: _____

Daily Benefit : _____ Duration _____

Name of inquirer: _____

Relationship: _____ Phone: _____

Person having Health Care Power of Attorney: _____

Person having Financial Power of Attorney: _____

Referred by: _____ Physician: _____

Diagnosis or health problems: _____

Admission desired on (date): _____

Unit Requested: Assisted Living Special Care Skilled Care

Anticipated Length of Stay: Temporary Long-term

Currently a smoker?: Yes No

RESIDENCY APPLICATION & FINANCIAL DISCLOSURE STATEMENT

Meadowbrook Health Center (“Meadowbrook”) is operated by Clark-Lindsey Village, Inc. as a private facility, and is not certified to receive payments from the Illinois Department of Public Aid. This financial disclosure is required to assess the applicant’s ability to meet anticipated future expenses. Circumstances, such as anticipated length of stay and insurance coverage, will also be considered as part of the application review.

Please provide the following information. We will contact you if more information is required.

ASSETS:

Bank Deposits – checking, saving, C.D.s, etc.	\$ _____
Stocks and Bonds	\$ _____
Real Estate (estimate of fair market value)	\$ _____
Other Assets	\$ _____
TOTAL ASSETS	\$ _____

LIABILITIES:

Mortgage(s)/Notes Payable	\$ _____
Other Liabilities	\$ _____
TOTAL LIABILITIES	\$ _____

ANNUAL INCOME

Social Security	\$ _____
Private Pension	\$ _____
Annuities	\$ _____
Other	\$ _____
TOTAL INCOME	\$ _____

I hereby make application for residence in Meadowbrook, and declare that the answers to the questions on this application are true, full and complete. I understand that a fully signed “Health Center Agreement” is required for continuing residency at Meadowbrook. I authorize Clark-Lindsey Village to initiate a resident background check in accordance with Village policy.

Signature of Applicant or Person
Authorized to Sign for Applicant

Print Name of Signatory

Date

If not signed by applicant, indicate
authorization of signatory.

Approval to enter Meadowbrook, pending (i) timely execution of Health Center Agreement, (ii) satisfactory criminal and sex offender background check and (iii) satisfactory current Financial Disclosure Statement:

Meadowbrook Health Center

By: _____ Date: _____





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REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION

The Nursing Home Care Act requires Clark-Lindsey Village to assess whether or not a potential resident is an “identified offender” as defined by the Illinois Department of Public Health regulations. As part of our pre-admission assessment, we are required to ask potential residents questions regarding their criminal history record.

Please be aware that by signing an application for admission to Meadowbrook Health Center, Applicant is agreeing to submit to a criminal background check and a check against sex offender databases as required by the Nursing Home Care Act. In addition to the criminal background check, we require that the Applicant (or his/her authorized representative) indicate whether or not the Applicant:

- (a) is a registered sex offender,
- (b) has been convicted of any felony offense listed in Section 25 of the Health Care Worker Background Check Act,
- (c) is serving a term of parole,
- (d) is on mandatory supervised release,
- (e) or is on probation for a felony offense.

No

Yes (please specify) _____

Applicant's Signature _____ Date _____

Authorized Representative _____ Date _____