

BOURBON HEIGHTS, INC.
2000 SOUTH MAIN STREET
PARIS, KENTUCKY 40361
(859)987-5750

APPLICATION FOR ADMISSION

Last Name: _____ First Name: _____ Middle: _____

Social Security No.: _____ Male: _____ Female: _____ Marital Status: _____

If married, spouse's name: _____ If deceased, date of death _____

Address: _____
Number and Street City State Zip Telephone No.

Is this applicant's legal residence? If no, please list City: _____ County: _____ State _____

How long in Bourbon County? _____ Place of Birth: _____ Date of Birth: _____

With whom is applicant now living?

Name: _____ Relation: _____

Address: _____ City: _____ State: _____ Zip: _____

Names of living children and other close relatives. Please attach additional sheet if necessary.

Name: _____ Phone: _____ Relation: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: _____ Relation: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: _____ Relation: _____

Address: _____ City: _____ State: _____ Zip: _____

§ In case of emergency, please contact:

Name: _____ Phone: _____ Relation: _____

Address: _____ City: _____ State: _____ Zip: _____

For Office Use Only:

Medical information:

Attending Physician:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Dentist:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Eye Doctor/Optician:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Has the applicant been hospitalized in the past six months? _____ Admission Date: _____

Discharge Date: _____ Reason: _____

In case of death, which funeral home should be contacted?

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Medicare No. _____

Do you have a Medical Assistance Card? _____ If yes, list number _____

Level of care needed or what type of services needed: _____

Religious Preference:

Denomination _____ Church/Synagogue Name: _____

City _____ State _____ How Long? _____

Minister/Rabbi: _____ Phone No. _____

I submit this application for admission to Bourbon Heights, Inc. of my own free will and accord, and I declare the answers to the foregoing questions to be true, factual, and complete, to the best of my knowledge. I give my permission to Bourbon Heights, Inc. to discuss my condition with any health professional and/or organizations listed in this application.

Applicant/Responsible Party

Date

Bourbon Heights, Inc.
Prospective Residents
Financial Information

BOURBON HEIGHTS, INC.
2000 SOUTH MAIN STREET
Paris, Kentucky 40361

CONFIDENTIAL

Name of Prospective Resident(s): _____
Address: _____ City: _____ State: _____ Zip: _____
Social Security No. _____ Phone No. _____

Please list all insurance types and numbers: (Including Medicare, Medicaid, Private Insurances)

ASSETS:

A) Checking Acct – Bank Name	Acct. #	Value\$
B) Checking Acct – Bank Name	Acct.#	Value\$
C) Savings Acct - Bank Name	Acct.#	Value\$
D) Savings Acct - Bank Name	Acct.#	Value\$
E) Certificate of Deposit – Bank	Acct.#	Value\$
F) Certificate of Deposit - Bank	Acct.#	Value\$
G) Stocks & Bonds – Name		Value\$
H) Stocks & Bonds – Name		Value\$
I) Stocks & Bonds - Name		Value\$
J) Real Estate – Location		Value\$
K) Other “Major” Assets		Value\$
TOTAL ASSETS		\$ _____

LIABILITIES: NAME/ADDRESS OF CREDITORS

Home Mortgage	Amount Owed
Loan on Auto	Amount Owed
Loans on Stocks & Bonds	Amount Owed
Others	Amount Owed

TOTAL LIABILITIES \$ _____

TOTAL NET WORTH (ASSETS MINUS LIABILITIES) \$ _____

MONTHLY INCOME SOURCES:

Social Security	Amount \$
Pensions: Name	Amount \$
Annuities: Name	Amount \$
Investment Income: Name of Source	Amount \$
Other: Names	Amount \$

TOTAL MONTHLY INCOME: \$ _____

DO YOU HAVE A POA FOR FINANCIAL OR GUARDIANSHIP FOR MEDICAL, OR SURROGATE?

_____ IF SO, INCLUDE OFFICIAL PAPERS WITH THIS PAGE.

DO YOU HAVE A WILL? _____ WHERE IS IT KEPT? _____

WHO WILL BE RESPONSIBLE FOR PAYMENT OF YOUR BILLS? _____

ADDRESS WHERE BILLS ARE TO BE SENT _____

LIFE INSURANCE:

COMPANY	BENEFICIARY	AMOUNT OF PREMIUM PER YEAR	INSURANCE AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____

THE FOLLOWING LIST REPRESENTS ANY AND ALL ASSETS I HAVE TRANSFERRED IN THE PAST FIVE YEARS (5) PRECEDING THE EXECUTION OF THIS APPLICATION.

DOES APPLICANT HAVE BURIAL INSURANCE? _____ IF YES, AMOUNT \$ _____

NAME OF COMPANY _____

I DECLARE THE ANSWERS TO THE FOREGOING QUESTIONS TO BE TRUE, FACTUAL, AND COMPLETE, TO THE BEST OF MY KNOWLEDGE, AND I AGREE TO IMMEDIATELY NOTIFY BOURBON HEIGHTS, INC. OF ANY CHANGES IN MY FINANCIAL CONDITION. I GIVE MY PERMISSION TO THE BUSINESS OFFICE OF BOURBON HEIGHTS, INC. TO VERIFY THE FINANCIAL INFORMATION DISCLOSED IN THIS COMPLETED APPLICATION. I ALSO UNDERSTAND THAT THIS FINANCIAL INFORMATION WILL BE STRICTLY CONFIDENTIAL AND WILL BE KEPT IN THE BUSINESS OFFICE OF BOURBON HEIGHTS, INC.

APPLICANT/RESPONSIBLE PARTY

DATE