



**APPLICATION FOR ADMISSION
LEEWAY, INC.
Residential Care Facility**

PART I: PERSONAL INFORMATION

Applicant's Name _____ Age _____

Address _____

Active Home Phone _____ Active Cell Phone _____

Date of Birth _____ Sex _____ Religion _____

Social Security # _____ Medicare # _____

Medicaid # _____ Other Insurance _____

Physician's Name _____ Telephone _____

Address _____

Nearest Relative/Responsible Party _____

Relationship _____ Telephone _____

Address _____

Other Contact _____

Relationship _____ Telephone _____

Other Contact _____

Relationship _____ Telephone _____

Does someone hold the applicant's Power of Attorney?

Name _____ Telephone _____

Address _____



ASSETS

Own home Yes ___ No ___ Jointly held? ___ Value \$ _____

Other property Yes ___ No ___ Jointly held? ___ Value \$ _____

Stocks/bonds Yes ___ No ___ Jointly held? ___ Value \$ _____

Life Insurance Yes ___ No ___ Jointly held? ___ Value \$ _____

Funeral Insurance Yes ___ No ___ Jointly held? ___ Value \$ _____

Other Yes ___ No ___ Jointly held? ___ Value \$ _____

BANK ACCOUNTS

Owner(s) of Account _____ Present balance \$ _____

Bank Name _____ Address _____

Owner(s) of Account _____ Present balance \$ _____

Bank Name _____ Address _____

PART IV: TRANSFER OF ASSETS

1. Has the applicant sold or given away a motor vehicle, property, stocks, bonds, cash, or any other significant assets in excess of \$1,000 in the past two years?
Yes ___ No ___ Please describe.

2. Has any type of trust been established in the last two years prior to this application?
Yes ___ No ___ Please describe.



PART V: PAYMENT SOURCE

Payment to Leeway, Inc. for room and board will be made by (check one)

Personal Funds _____

Title 19 (Medicaid) _____ Medicaid Number _____

SAGA _____ SAGA Number _____

Unknown _____

Has the applicant applied for Title 19 (Medicaid) Assistance? Yes ___ No ___

If yes, name of intake worker _____ Telephone _____

Redetermination review date _____ (Redetermination cycle: 6 months or yearly)

I hereby certify that the information submitted in this application is complete and accurate. I understand that misrepresentation is a basis for both denial of admissions or discharge.

Applicant's Signature

Date

Signature of Responsible Party/Relative

Date