Dear Prospective Resident:

We thank you for choosing Santa Teresita's Skilled Nursing as your choice of residence and care. Our Admission's Department would like to assist you in gathering all the needed documentation to complete your application process. In order to help you, here is a checklist of the items you will need to include with the submission of your application:

- ☐ Completed Application
- ☐ Last month's bank statement as well as prior year tax return (for private pay applicants)
- ☐ Social Security Card (copy)
- ☐ Medicare Card and/or HMO, PPO Card (front and back copy)
- ☐ Medicare Supplemental card (front and back copy)
- ☐ Medi-Cal Card
- ☐ RX/Drug Care (copy)
- ☐ Durable Power of Attorney for Healthcare
- ☐ Power of Attorney for Finances
- ☐ *We will also need the health information listed on the next page. Please use the attached letter to obtain all necessary information from your physician. Our office can also assist you in obtaining the information.*

Should you have any questions or concerns during the application process,
we are available to assist you; please do not hesitate to contact us.

Santa Teresita Admissions Department | *Phone*: 626.256.3055 | *Fax*: 626.301.0399

Dear Doctor

Your patient, is applying for admission to Santa Teresita Manor Skilled Nursing. In order to expedite the admissions process, could you please forward to our office for review the following health information?

☐ Current History & Physical

☐ Results from any recent procedures (video studies, etc.)

☐ Rehab notes (if coming from TCU or another SNF)

☐ Current List of Medications

☐ Psych. Notes

☐ Recent Labs & X-Rays

☐ Notes on Skin Condition

Thank you for your assistance in our efforts to provide the best care to your patient.

Santa Teresita Admissions Department | *Phone*: 626.256.3055 | *Fax*: 626.301.0399

Authorization for Release of Medical Information

(To be completed by resident or resident's legal representative)

I hereby authorize release of requested medical information to

Santa Teresita Manor Skilled Nursing, 819 Buena Vista Street, Duarte, CA 91010

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1. SIGNATURE OF RESIDENT AND/OR RESIDENT'S LEGAL REPRESENTATIVE

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2. ADDRESS 3. DATE

Date: _______________

Santa Teresita-Manor Skilled Nursing License #950000125
819 Buena Vista Street | Duarte, CA 91010-1703| 626.359.3243

Skilled Nursing Application

Applicant Information:

Name: _____________________________ Date of Birth:____________ Age: ______ Sex:_________

Address:____
Street City State Zip Code

Home Phone: ______________Religion:______________ Marital Status: S ☐ M☐ W☐ D☐

Birthplace: ____________________________Social Security Number: ________________________
City/State

Medicare Number: _________________________ Medi-Cal Number:________________________

Health Insurance:____
Company Cert. # Gr/Policy #

HMO: ___________________________ Affiliated Group:___________________________________

Physician: _______________________________ Phone:_____________________________________

Hospitalization:

Have you been hospitalized in the last 12 months? Yes ☐ No ☐ If yes, please, complete the following.

Hospital: __________________________Admit Date:_________ Discharge Date: ___________

Have you been in a Skilled Nursing facility in the last 12 months? Yes ☐ No ☐

If yes, please, complete the following:

Name of Skilled Nursing Facility:__________________Admit Date:_________ Discharge Date: ___________

Current residence:______________________________Admit Date:_________Discharge Date: ___________

Emergency Contact Information:
Contact 1:
Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐
Name: __________________________________Relationship:___________________________________

Address:____
Street: City: State: Zip Code:

Home Phone:_________________Office Phone: _____________Mobile Phone:_______________________

Revised 11/2013

Contact 2:

Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐

Name: ______________________________________Relationship:___________________________________

Address:____

Street: City: State: Zip Code:

Home Phone:_________________Office Phone: _____________Mobile Phone:_______________________

Responsible Party:

Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐

Name: ______________________________________Relationship:___________________________________

Address:____

Street: City: State: Zip Code:

Home Phone:_________________Office Phone: _____________Mobile Phone:_______________________

Charge Account to: ____

Name Address Phone

Mortuary: *The State of California requires that the name of a mortuary be designated.*

Name: ______________________________________Phone:____

Address:____

Street: City: State: Zip Code:

Have pre-need arrangements been made? Yes ☐ No ☐

Revised 11/2013

Skilled Nursing Application- Statement of Financial Condition

APPLICANT NAME (*please print*):

____

Last Name **First Name** **Date**

MONTHLY INCOME

Social Security ________________________________ Amount ________________________________

Pensions (Source) ______________________________ Amount ________________________________

Annuities _____________________________________ Amount ________________________________

Rental Income__________________________________ Amount ________________________________

ASSETS

Cash ____ Amount ________________________________

Checking ______________________________________ Amount ________________________________

Banking Institution:__________________Account #_______________Description:_________________

Savings _______________________________________ Amount ________________________________

Banking Institution:_________________Account #_______________Description:__________________

Investment Portfolio ____________________________ Amount ________________________________

Banking Institution:_________________Account #_______________Description:__________________

Life Insurance (whole life) _______________________ Amount ________________________________

Stocks and Bonds: ______________________________ Amount ________________________________

Description: ____

Burial Insurance: _________________________________ Amount ________________________________

Burial Plot: _____________________________________ Amount ________________________________

Properties:

Type ____ Value __________________________________

Other ____ Amount ________________________________

LIABILITIES

Loans/Mortgages ________________________________ Amount ________________________________

Credit Cards ____________________________________ Amount ________________________________

Judgment Creditors ______________________________ Amount ________________________________

____

Signature of Resident/ Responsible Party

Revised 11/2013