

Financial Application for Residency

To protect your identity, please print and mail.



Applicant Full Name _____

Are you enrolled in? Medicare Medicaid (MO Healthnet)

Other Health Insurance _____ Long-Term Care Insurance? Yes No

Pre-paid funeral arrangement? Yes No Paid in full? Yes No Amount Owed \$ _____

Do you have a Durable Power of Attorney (POA) or Legal Guardian? Yes No

Name of POA or Guardian _____ Phone _____

Do you have an Estate Plan? Yes No Do you have an Advanced Health Care Directive? Yes No

Monthly Income: Social Security \$ _____ Retirement \$ _____ Other Income \$ _____

List all debts and amounts owed: _____

Have you disposed of any assets other than customary living expenses? Yes No

Please give reason for disposal _____

Please List All Assets

Are any of the following assets owned jointly with another person? Yes No

If yes please indicate below which assets are jointly owned and with whom.

Description of Assets	Joint Owner	Total Value	Description of Assets	Joint Owner	Total Value
Real Estate (Est. Value)	_____	\$ _____	Vehicle(s) (Est. Value)	_____	\$ _____
Household (Est. Value)	_____	\$ _____	Antiques (Est. Value)	_____	\$ _____
Personal Items	_____	\$ _____	Money Market Account(s)	_____	\$ _____
Checking Account(s)	_____	\$ _____	Passbook Savings Account(s)	_____	\$ _____
Certificate(s) of Deposit	_____	\$ _____	U.S. Saving Bond(s)	_____	\$ _____
Other Bond(s)	_____	\$ _____	IRAs/Annuities	_____	\$ _____
Stock(s)	_____	\$ _____	Mutual Funds	_____	\$ _____
Life Insurance	_____	\$ _____	Life Insurance	_____	\$ _____
Other	_____	\$ _____	Total Indebtedness Due You	_____	\$ _____

Please add my name to a mailing list for news and information about The Baptist Home.

I HEREBY AFFIRM that I am submitting this Application for Residency to The Baptist Home of my own free will and the information herein is true and correct to the best of my knowledge. I will abide by the Admissions Policy, in which, I have not or will not transfer or give away any real or personal assets other than for customary living expenses that otherwise could cause me to require benevolent assistance in the future. I understand that my name will be added to the application data base and all admissions are based on availability and type of residency. I understand the completion and submission of the Application for Residency does not imply or guarantee residency at The Baptist Home. The Baptist Home reserves the right to refuse admission to any person whose needs cannot be met by the facility.

Signature of Applicant _____ Date ____/____/____

Office Use Only: Birthdate ____/____/____	Updated 9/20/17	
Social Security #: _____	Medicare #: _____	Medicaid #: _____