HOMESTEAD REHABILITATION AND HEALTHCARE CENTER
ADMISSIONS APPLICATION

129 Morris Turnpike
Newton, NJ 07860

Phone: (973) 948-5400
Fax: (973) 948-4357

INSTRUCTIONS: Please print legibly in ink or type.

Resident Name: _____ □ M □ F

Mailing Address: _____

Physical Address: _____

Date of Birth: _____ Age: _____ Social Security # _____

Place of Birth: _____ Medicare # _____

US Veteran: □ Yes □ No If Yes, Medicare D Plan _____

Branch of Service: _____ Medicaid # _____

Former Occupation: _____ PAAD # _____

Marital Status: □ S □ M □ W □ D □ Sep. Other Insurance _____

Spouse's Name: _____ _____

Religion: _____ Church Affiliation: _____

Choice of Funeral Director: _____

Address: _____ Phone #_____

Does Resident have a prepaid burial trust? □ Yes □ No □ In progress

Has Resident designated a Power of Attorney? □ Durable (Medical & Financial) □ Financial □ Medical

Power of Attorney: _____ Relationship: _____

Address: _____

Home Phone # _____Work Phone #_____

Cell Phone # _____Email: _____

Responsible Party: _____ Relationship: _____

Address: _____

Home Phone # _____Work Phone #_____

Cell Phone # _____Email: _____

Emergency Contacts:

Name: _____ Relationship: _____

Address: _____

Home Phone # _____Work Phone #_____

Cell Phone #_____ Email: _____

Name: _____ Relationship: _____

Address: _____

Home Phone # _____Work Phone #_____

Cell Phone # _____Email: _____

Resident Name: _____

RESOURCE SCREENING

UNEARNED INCOME

SSA BENEFITS……. $_____

PENSION …….. $_____

SUPPORT BENEFITS……. $_____

OTHER ……. $_____

TOTAL UNEARNED INCOME **$_____**

LIQUID RESOURCES

1. **Cash** …….. $_____

2. **Bank Accounts**: **Acct #** **CKG** **SVGS**

Bank 1: _____ _____ ☐ ☐ $_____

Bank 2 _____ _____ ☐ ☐ $_____

4. **Stocks** …….. $_____

5. **Bonds** …… $_____

6. **Mutual Funds** ……..… $_____

7. **Other Liquid Resources**: _____ $_____

_____ $_____

TOTAL LIQUID RESOURCES **$_____**

NON LIQUID RESOURCES

8. Real Estate - Property…….. $_____

9. Vehicles…….$_____

10. Life Insurance (enter cash surrender value)…… $_____

11. OTHER Personal Property (enter market value)…… $_____

12. Long Term Care Insurance……. $_____

TOTAL NON-LIQUID RESOURCES **$_____**

The information provided above is a true and accurate disclosure of the Residents' income, assets and resources.

Proof of income and assets may be requested, at any time.

It is your responsibility to contact the Sussex County Board of Social Services to begin a Medicaid application if and when the Resident's assets are equal to or less than 3 months of billable charges,

Please attach copies of the Residents' social security card, drivers license or passport, Medicare card and all other insurance cards. This application needs to be signed and dated.

Comments: _____

SIGNATURE: _____ DATE: _____