



**THE GREEN HOUSE<sup>®</sup>**  
**HOMES** at *Mirasol*

**Admissions Application**

<b>Applicant's Personal Information</b>			
First Name	Middle	Last	
Street Address	Apt. #	City, State	Zip Code
Telephone Number		Alternative Phone Number	
Date of Birth		E-mail	

<b>Marital Status</b>				
Single	Married	Divorced	Widowed	Separated
Spouse's First Name	Middle	Last		
Address	Apt. #	City, State	Zip Code	
Telephone Number		Alternative Phone Number		

<b>Insurance Information</b>					
Social Security Number			Medicare Number		
Medicare Hospital Insurance: Plan A    Yes    No			Medicare Hospital Insurance: Plan B    Yes    No		
<b>Other Insurance Plan</b>			Telephone Number		
Group Number			Individual Plan Number		
Address			City, State		Zip Code
<b>Secondary Insurance</b>			Telephone Number		
Group Number			Individual Plan Number		
Address			City, State		Zip Code
<b>Long Term Care Insurance</b>			Plan Number		Telephone Number
Medicaid			Medicaid Number:		

### Financial Information

Current Monthly Income and Assest's			
Social Security Income	Veteran's Benefit Income	Veterans Administration Claim Number	
Pension Income	Pension Name	Pension Claim #	Pension Address

Banking		
Bank Branch	Savings or Checking \$	Account Number
Bank Branch	Savings or Checking \$	Account Number
Bank Branch	Savings or Checking \$	Account Number
IRA or Money Market Account	Value \$	Account Number

Other Income			
Source	Address	Account Number	Amount \$
Source	Address	Account Number	Amount \$

Real Estate Property		
Location and Description	Value \$	Mortgage \$
Automobile Description	Value \$	Mortgage \$

Life Insurance			
Insurance Company or Affiliate			Type
Beneficiary	Surrender Value	Face Value \$	Premiums Paid

### Power of Attorney/Guardian and Family Contact Information

Name of Financial Power of Attorney		Relationship	
Street Address	Apt. #	City, State	Zip Code
Home Phone Number		Cell Number	
Work Phone Number		E-mail	
Name of Medical Power of Attorney		Relationship	
Street Address	Apt. #	City, State	Zip Code
Home Phone Number		Cell Number	

Work Phone Number		E-mail	
Name of Responsible Party or Other			Relationship
Street Address	Apt. #	City, State	Zip Code
Home Phone Number		Cell Number	
Work Phone Number		E-mail	

**Admission Information**

PRIMARY CARE PHYSICIAN:	TELEPHONE #:
ADDRESS:	FAX #:

OTHER PHYSICIAN:	TELEPHONE #:
ADDRESS:	FAX #:

OTHER PHYSICIAN:	TELEPHONE #:
ADDRESS:	FAX #:

OTHER PHYSICIAN:	TELEPHONE #:
ADDRESS:	FAX #:

CARE MANAGER: (IF APPLICABLE)	TELEPHONE#:
ADDRESS:	FAX #:

HOSPITAL PREFERENCE:	TELEPHONE #:
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MORTUARY:	TELEPHONE #:
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PHARMACY:	TELEPHONE #:
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DENTIST:	TELEPHONE#:
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WHEN WAS YOUR LAST VISIT TO THE DENTIST?
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**Disclosure**

I herby certify that all information is true and correct to the best of my knowledge. I herby give permission to an authorized employee of The Green House Homes at Mirasol to verify any information made by me. I understand that completion of this application does not guarantee admission to The Green House Homes at Mirasol. I authorize The Green House Homes at Mirasol to make whatever reasonable inquiries are necessary including obtaining credit bureau reports.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Parties Signature

\_\_\_\_\_  
Date

<b>In order to process this application you must provide copies of the following documents</b>			
Social Security Card	Medicare Card	Medicaid Card	Picture ID
Insurance Cards	Copies of Bank Statements	Pre-paid Burial Contracts	
I Power of Attorney	Living Will	Long Term Care Insurance Policy	

Have you Gifted money to relatives in the last seven (7) years? ( ) YES ( ) NO

Return application to: 490 Mirasol Drive, Loveland, CO 80537  
For questions: please call 970-342-2400