



PROVIDENCE CARE CENTERS

A FRANCISCAN LIVING COMMUNITY

Providence Care Centers

2025 Hayes Avenue • Sandusky, Ohio 44870
419.627.2273

The Commons of Providence

5000 Providence Drive • Sandusky, Ohio 44870
419.624.1171

Date _____

Providence Care Centers strive to provide the highest quality spiritual and physical care to all of our residents and do not discriminate against prospective residents or base admission decisions on the basis of race, religion, age, sex, national origin, handicap, or payment source.

Name of Prospective Resident _____

Marital Status _____ Telephone _____ Date of Birth _____

Current Address _____

Street _____
City _____ State _____ Zip _____

Email Address _____

Name of Responsible Party _____ Relation to Prospective Resident _____

Current Address _____

Street _____
City _____ State _____ Zip _____

Telephone _____ Email Address _____

How Did You Hear of Providence Care Centers? _____

Current Location of Prospective Resident: Home Apartment Hospital Nursing Facility Assisted Living

Level of Care Desired: Independent Living Assisted Living Nursing Memory Support

Please List Below Any Hospitalizations or Nursing Facility Stays Within the Past 12 Months:

Location _____ From _____ To _____ Reason: _____

Location _____ From _____ To _____ Reason: _____

Location _____ From _____ To _____ Reason: _____

Current Diagnosis (List Any Known) _____

Name of Physician _____

Financial & Insurance Information:

Social Security Number _____ Medicare Number _____

Medicaid Number (If applicable) _____ Effective Date _____

Other Insurance: Name of Carrier _____ Policy Number _____

Name of Financial Power of Attorney _____ Relation to Prospective Resident _____

Current Address _____

Street _____
City _____ State _____ Zip _____

Telephone _____



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Monthly Income *(List all monthly sources of income for potential resident(s) and spouse, if applicable.)*

Income Source:	Resident	Spouse or 2nd Resident
Social Security	\$ _____	\$ _____
Pension/ Retirement Income	\$ _____	\$ _____
Annuity	\$ _____	\$ _____
Investment Income/ Dividends	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total Monthly Income	\$ _____	\$ _____

Assets *(List fair market value of all assets)*

Real Estate- Primary Residence	\$ _____	
Other Real Estate	\$ _____	
Balance of Checking and/ or Savings	\$ _____	Name of Bank(s) _____
Money Markets/ CDs	\$ _____	_____
Stocks & Bonds	\$ _____	_____
Mutual Funds	\$ _____	
Cash Value of Life Insurance	\$ _____	
Market Value of Motor Vehicle(s)	\$ _____	Vehicle Year/Make/Model(s) _____
Total Value of Assets	\$ _____	_____

Liabilities

Mortgage- Primary Residence	\$ _____
Mortgage- Other Real Estate	\$ _____
Balance of Home Equity Loan	\$ _____
Other (Total Credit Card Balances, etc.)	\$ _____
Total Liabilities	\$ _____

By signing below, I/ we hereby certify and declare that all information provided on this application form and statements made by me/ us in conjunction with this application are complete, true, and accurate to the best of my/ our knowledge. I/ we authorize Providence Care Centers to verify all information provided by any and all means, including a credit history review. I/ we further agree that upon acceptance to Providence Care Centers, that I/ we will make no voluntary change in financial status through gifts, sales, or other dispositions of property that may prevent me/ us from fulfilling my/ our financial responsibilities to Providence Care Centers.

Signature of Prospective Resident

Name (Printed)

Date

Signature of Financial POA/ Responsible Party

Name (Printed)

Date