



Residency Application & Financial Disclosure Statement

Name: _____

Home address: _____

City/State/Zip: _____

Phone: _____ Gender: Male Female

Now residing at: _____

Social Security number: _____ Birth Date: _____

Medicare #: _____ Check all that apply: Part A Part B

Co-insurance: _____

Other medical insurance: _____

Long-term care insurance: _____

Daily benefit: _____ Duration _____

Name of inquirer: _____ Relationship: _____

Phone: _____ Home Work Cell Phone _____

Person having Health Care Power of Attorney: _____

Person having Financial Power of Attorney: _____

Referred by: _____ Physician: _____

Diagnosis or health problems: _____

Admission desired on (date): _____



MEADOWBROOK
HEALTH CENTER



RENEWAL
THERAPY CENTER



THE GREEN HOUSE
HOMES



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Unit requested: Meadowbrook Assisted Living Green House Home – Assisted Living
 Meadowbrook Skilled Care Green House Home – Skilled Care
 Renewal Therapy Center

Anticipated length of stay: Temporary Long-term

Currently a smoker? Yes No

Meadowbrook Health Center (“Meadowbrook”) and The Green House® Homes are operated by Clark-Lindsey Village, Inc. as a private facility, and are not certified to receive payments from the Illinois Department of Public Aid (Medicaid). This financial disclosure is required to assess the applicant’s ability to meet anticipated future expenses. Circumstances, such as anticipated length of stay and insurance coverage, will also be considered as part of the application review. All information will be kept strictly confidential. Please provide the following information. We will contact you if more information is required.

ASSETS

Cash, saving, C.D.’s, Stocks and Bonds \$ _____

ANNUAL INCOME

Social Security, Pension, Other Income \$ _____

I hereby make application for residence in Meadowbrook Health Center and/or The Green House® Homes, and declare that the answers to the questions on this application are true, full and complete. I understand that a fully signed “Health Center Agreement” is required for continuing residency. I authorize Clark-Lindsey Village, Inc. to initiate a resident background check in accordance with Clark-Lindsey policy.

Signature of Applicant or Person Authorized to sign for Applicant

Print Name of Signatory

Date

If not signed by applicant, indicate authorization of signatory.

Approval to enter Meadowbrook Health Center or The Green House® Homes, pending (i) timely execution of Health Center Agreement, (ii) satisfactory criminal and sex offender background check and (iii) satisfactory current Financial Disclosure Statement: Meadowbrook Health Center and/or The Green House® Homes.

By: _____ Date: _____ Accept Decline



MEADOWBROOK
HEALTH CENTER



RENEWAL
THERAPY CENTER



THE GREEN HOUSE®
HOMES



Request for Criminal History Record Information

The Nursing Home Care Act requires Clark-Lindsey Village, Inc. to assess whether or not a potential resident is an “identified offender” as defined by the Illinois Department of Public Health regulations. As part of our pre-admission assessment, we are required to ask potential residents questions regarding their criminal history record.

Please be aware that by signing an application for admission to Meadowbrook Health Center, The Green House® Homes or Renewal Therapy Center, Applicant is agreeing to submit to a criminal background check and a check against sex offender databases as required by the Nursing Home Care Act.

In addition to the criminal background check, we require that the Applicant (or his/her authorized representative) indicate whether or not the Applicant:

- (a) is a registered sex offender,
- (b) has been convicted of any felony offense listed in Section 25 of the Health Care Worker Background Check Act,
- (c) is serving a term of parole,
- (d) is on mandatory supervised release,
- (e) or is on probation for a felony offense.

No

Yes (please specify) _____

Applicant's Signature

Date

Authorized Representative

Date



MEADOWBROOK
HEALTH CENTER



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THERAPY CENTER



THE GREEN HOUSE®
HOMES