

Application for Admission

Updated 10-20-15

Care-Age of Brookfield

1755 N. Barker Rd Brookfield, WI 53045

Ph: 262-821-3939 Fx: 262-821-3944 Email: admit@care-age.com

**To be considered for admission to Care-Age of Brookfield,
a fully completed Application must be submitted.**

Applicant Name _____ Age _____ Male Female

Home Address _____

Home Phone _____

Home Address is: House/Condo Independent Apartment Assisted Living Nursing Home Other

Applicant lives with: Alone Spouse Adult Child Sibling Significant Other Other _____

Date of Birth _____ Social Security # _____

Marital Status: Married Widowed Divorced Legally Separated Never Married

Applicant is currently at (example: Home, Elmbrook Hospital, etc): _____

Has the Applicant had a previous stay in a Rehab Facility or Nursing Home? No Yes, where/when _____

Requested Length of Stay at Care-Age:

Short-Term / Temporary Stay: 1 – 30 Days 31 – 60 Days 61 – 100 Days

Long-Term / Permanent Residence

Type of Room Desired: Semi-Private Private Private Suite No Preference

Main Contact Person _____ Phone _____

Health Care Power of Attorney Agent _____ Phone _____

Durable Financial Power of Attorney Agent _____ Phone _____

Legal Guardian of Person / of Estate _____ Phone _____

INSURANCE

Medicare:

Applicant has Traditional Medicare # _____

OR

Medicare Advantage / Replacement # _____

List Company Name, i.e. AARP, United HealthCare, Humana, Anthem Blue Cross, etc...
and Claims Address & Phone Number:

Medicaid: Does the Applicant have Medicaid Title 19? No Yes, Medicaid # _____

If Yes, please check Type of Medicaid T19: Regular

OR

Family Care (Care WI, Community Care, etc...)

Does Applicant have **Long-Term Care Insurance**? No Yes, Name of Company: _____

List Company Name, Policy / ID #, Claims Address, Phone Number:

Secondary / Supplemental Plan: _____

Primary Commercial / Employer Plan (full-time employment): _____

Prescription Drug Plan: _____

Other Plan: _____

ASSETS

Definition of Assets: Assets include the following, but not limited to: Cash, Checking & Savings Accounts, Other Bank Accounts, Mutual funds, Money Market Accounts, CDs, Stocks, Bonds, Annuities, IRAs, 401Ks, 403Bs, Real Estate, Land, Mobile Homes, Life Insurance, Pre-Arranged Burial/Funeral Trusts/Accounts, Other kinds of Trusts (example: Living Trust) both Revocable & Irrevocable, etc...

Has Applicant or Spouse done the following with their Assets within the last 5 years:

- SOLD** Assets for less than Fair Market Value? No Yes
- GIFTED** Assets? No Yes
- TRANSFERRED** Assets out of their name? No Yes
- DIVESTED** Assets? No Yes
- TRUSTED** Assets / Set up a Trust?
(NOT including Burial / Funeral Trusts) No Yes Are Trusted Assets available to pay for
stay at Care-Age? No Yes
- PROTECTED** Assets? No Yes Are Protected Assets available to pay for
stay at Care-Age? No Yes

If you have answered YES to any of the above Asset questions, indicate for each the \$ Amount of what was Sold / Gifted / Transferred / Divested / Trusted / Protected:

List \$ Amount of Applicant's & Spouse's Total Assets available to pay for Applicant's stay at Care-Age:

If you wish to add information about Assets, please do so here:

Applicant acknowledges that this Application was filled out in Good Faith and the information provided in this Application is current and accurate to the best of his/her knowledge. Applicant understands that providing false or misleading information to Care-Age of Brookfield can be considered fraud and may disqualify Applicant from being admitted to Care-Age.

If Applicant chooses to apply for government benefits, i.e. Medicaid Title 19, to help cover the cost of healthcare, Applicant understands that providing false or misleading information to the government is considered fraud and can disqualify Applicant from obtaining benefits.

If Applicant or Spouse chooses to do the following with their Assets within 5 years prior to applying for Medicaid Title 19, the government may issue a Penalty Period. During a Penalty Period, an Applicant will not receive Medicaid Title 19 benefits to pay for their healthcare or Care-Age bills. If an Applicant's Care-Age bill is not paid, Applicant may be issued a Discharge Notice:

Sell Assets for less than Fair Market Value; Gift Assets; Transfer Assets out of name; Divest Assets; Put Assets in a Trust or Protect Assets.

Applicant Signature _____ Date _____

Representative Signature _____ Date _____

Specify Relationship / Authority (i.e. Son, Durable Power of Attorney) _____

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