



## Assisted Living/Health Care Application

*Thank you for choosing one of the Bluestem Communities locations for your future home!*

Specify which community you prefer: Kidron Bethel ☐ Schowalter Villa ☐ Either ☐

Entrance Date: As soon as possible \_\_\_\_\_ Approximate date \_\_\_\_\_

Services are provided without regard to race, color, sex, religion, national or ethnic origin, familial status, or disability.  
All information provided is held in strict confidence.

### **Personal Information:**

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_ SS# \_\_\_\_\_

Birth Place \_\_\_\_\_ Birthdate \_\_\_\_\_

US Citizen ☐ Yes ☐ No Military Service ☐ Yes, branch \_\_\_\_\_ ☐ No

Marital Status ☐ Single ☐ Divorced ☐ Widowed ☐ Married Date Married \_\_\_\_\_

Spouse's Name \_\_\_\_\_ If not living, date of death \_\_\_\_\_

### **Medical Information:**

Physician \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Pharmacy \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

### **Insurance Information:**

Medicare Number \_\_\_\_\_ Medicaid Number \_\_\_\_\_

Supplemental Insurance \_\_\_\_\_ Number \_\_\_\_\_

Do you have Long Term Care Insurance ☐ Yes ☐ No

Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

**Religion:**

Home Congregation \_\_\_\_\_  
Pastor \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Mortuary Preference \_\_\_\_\_

**Legal Information:**

**Power of Attorney for Financial Decisions** ☐ Yes ☐ No

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Additional Phone: \_\_\_\_\_

**Power of Attorney for Health Care Decisions** ☐ Yes ☐ No

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Additional Phone: \_\_\_\_\_

\*Emergency Contacts: (List Primary Contact first)

Name	Relationship	Address	Primary Phone#	Secondary Phone #	Email Address
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Second Person Information (as needed)**

Name \_\_\_\_\_ Phone (if different from above) \_\_\_\_\_

Birth place \_\_\_\_\_ Birthdate \_\_\_\_\_ SS#: \_\_\_\_\_

Medicare Number \_\_\_\_\_

Supplemental Insurance \_\_\_\_\_ Number \_\_\_\_\_

Email \_\_\_\_\_ US Citizen ☐ Yes ☐ No

Military Service ☐ Yes, branch \_\_\_\_\_ ☐ No

# Assisted Living/Health Care Residential Options

Please indicate options you are interested in:



Campus Located in North Newton

☐ Suderman Assisted Living

☐ Standard 1 Bedroom (406 sq. ft.)

☐ Expanded 1 Bedroom (512 sq. ft.)

☐ Health Care (private homes)



Campus Located in Hesston

☐ Mullet Place Assisted Living

☐ Monarch (726 sq. ft.)

☐ Prairie Clover (472 sq. ft.)

☐ Blue Sage (395 sq. ft.)

☐ Lark (570 sq. ft.)

☐ Goldenrod (271 sq. ft.)

☐ Health Care (private homes)

☐ Comfort Matters (Dementia) Neighborhood

☐ Adult Day Services

☐ Respite Services

**FINANCIAL DATA**

To process your application, the following information is needed. This information is strictly confidential.

**ASSETS:****Bank Deposits**

Checking..... \$ \_\_\_\_\_  
Passbook or Time Deposit..... \$ \_\_\_\_\_  
Savings Accounts..... \$ \_\_\_\_\_  
Certificates of Deposit..... \$ \_\_\_\_\_

**Savings and Investments**

Passbook..... \$ \_\_\_\_\_  
Certificates of Deposit..... \$ \_\_\_\_\_  
Stocks and Bonds (attach list)..... \$ \_\_\_\_\_  
Approximate Current Value..... \$ \_\_\_\_\_  
Funds in Trust..... \$ \_\_\_\_\_  
Real Estate..... \$ \_\_\_\_\_  
Life Insurance (cash value)..... \$ \_\_\_\_\_  
Other Assets..... \$ \_\_\_\_\_  
Total Assets..... \$ \_\_\_\_\_

**LIABILITIES:**

Home Mortgage (Remaining Balance)..... \$ \_\_\_\_\_  
Installment Payments (Remaining Balance)..... \$ \_\_\_\_\_  
Other..... \$ \_\_\_\_\_  
Total Liabilities..... \$ \_\_\_\_\_

**Net Assets less Liabilities (Net Worth)..... \$ \_\_\_\_\_**

**MONTHLY INCOME:**

Social Security (Amount of Check(s))..... \$ \_\_\_\_\_  
Private Pension (s)..... \$ \_\_\_\_\_  
Annuities..... \$ \_\_\_\_\_  
Life Estate..... \$ \_\_\_\_\_  
Interest Income (s)..... \$ \_\_\_\_\_  
Trust Income (s)..... \$ \_\_\_\_\_  
Other (Explain)..... \$ \_\_\_\_\_  
Total Monthly Income..... \$ \_\_\_\_\_

Have you or your spouse:

Sold, given away, changed ownership on any property in the last 5 years? Yes ☐ No ☐

I verify the answers to these questions to be true and complete to the best of my knowledge. Information may be released to Bluestem Communities by above sources to verify statements and references given in this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second Person: \_\_\_\_\_ Date: \_\_\_\_\_

**Staff Only:** Application Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Application Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_