



6701 Jersey Ridge Road, Davenport, IA 52807
PHONE (563) 324-1621 FAX (563)324-1723

APPLICATION FOR ADMISSION

NAME _____ PHONE _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
DATE OF BIRTH _____ MARITAL STATUS: MARRIED SINGLE DIVORCED WIDOW
HOSPITAL PHYSICIAN _____ PHYSICIAN PHONE _____
PHYSICIAN FOLLOWING AT KAHL HOME _____ PHONE _____

INSURANCE INFORMATION

SOCIAL SECURITY NO. _____ MEDICARE NO. _____
SUPPLEMENTAL INSURANCE _____ POLICY NO. _____
MEDICAID NO. _____ VETERANS NO. _____

Copies of Medicare, Medicaid and insurance cards must be attached (front and back) to this application.

RESPONSIBLE PARTY FOR BILLING

NAME _____ PHONE _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
POA FINANCIAL: (NAME) _____
POA HEALTH: (NAME) _____
GUARDIAN: (NAME) _____

EMERGENCY CONTACTS

1) NAME _____ PHONE _____
ADDRESS _____ CELL PHONE _____
CITY _____ STATE _____ ZIP CODE _____
RELATIONSHIP _____
2) NAME _____ PHONE _____
ADDRESS _____ CELL PHONE _____
CITY _____ STATE _____ ZIP CODE _____
RELATIONSHIP _____

FINANCIAL RESOURCES-REQUIRED FOR LONG TERM PLACEMENT

AS A FACILITY PARTICIPATING IN THE MEDICARE AND MEDICAID PROGRAMS, IT IS ESSENTIAL THAT WE RECEIVE AN ACCURATE AND COMPLETE STATEMENT OF THE APPLICANT'S FINANCIAL STATUS. PLEASE NOTE IF THESE ARE SOLEY OR JOINTLY OWNED.

INCOME RESOURCES (MONTHLY)

RETIREMENT/PENSION \$ _____
SOCIAL SECURITY \$ _____
OTHER \$ _____
LIFE INSURANCE \$ _____

ASSETS

CHECKING \$ _____
SAVINGS/MONEY MARKET \$ _____
INVESTMENTS \$ _____
PROPERTY \$ _____
MORTGAGE AMOUNT \$ _____

IT IS THE POLICY OF THE KAHL HOME THAT ALL AVAILABLE SERVICES ARE PROVIDED WITHOUT REGARD TO SEX, RACE, COLOR, ANCESTRY, NATIONAL ORIGIN, RELIGIOUS CREED, HANDICAP OR DISABILITY.

THE INFORMATION PROVIDED IS COMPLETE, CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

DATE _____ SIGNED _____

REVISED: 04/29/2015