



Hillcrest Care Center & The Towers  
Admission Application

**Demographics:**

Applicant's Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number(s): \_\_\_\_\_ Date of birth: \_\_\_\_\_

Marital Status: Married  Divorced  Separated  Never Married

Primary occupation prior to retirement: \_\_\_\_\_

**Medical & Health Information:**

Applicant's Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Medicare #: \_\_\_\_\_

Does applicant have Medicare Part A? Yes  No  Medicare Part B Yes  No

Does an HMO manage the applicant's Medicare? Yes  No

Secondary/Supplement Insurance: \_\_\_\_\_ Insurance ID#: \_\_\_\_\_

Medicare Part D/Other Prescription Coverage: \_\_\_\_\_ Insurance ID#: \_\_\_\_\_

Does applicant have Medicaid? Yes  No  Medicaid ID#: \_\_\_\_\_

Does the applicant have the following?

Medical POA:  Financial POA:  Living Will:  Guardian/Conservator:

**Emergency Notification**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

360 Canyon Ridge Drive, Wray, CO 80758

Phone: 970-332-4856

Fax: 970-332-4856

v. 6.9.21



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If admitted to our home, who will manage your financial affairs? *Please provide name, address, phone number*

**Financial Information:**

*The following financial information is required to determine eligibility for benefits and ability to pay. Please state gross monthly amounts before any deductions.*

<b>Monthly Income</b>	<b>Applicant</b>	<b>Spouse</b>
Social Security: .....	\$ _____	\$ _____
Civil Service: .....	\$ _____	\$ _____
Railroad Retirement.....	\$ _____	\$ _____
Military Retirement.....	\$ _____	\$ _____
VA Pension.....	\$ _____	\$ _____
Other Pensions .....	\$ _____	\$ _____

*Please attach copies of the following:*

- Front and back of all insurance cards
- Medical POA, Financial POA, guardian/conservatorship and living will, if available
- Advanced Directives/MOST Form, if available

I understand that it may be necessary for me to provide bank statements periodically to verify my financial position, and that I must keep my account current.

I authorize Hillcrest Care Center & The Towers to verify any and all information provided on this form. The information I have provided is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_  
(Applicant or POA)

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



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