**PRE-APPLICATION FOR ADMISSION TO THE**

**Benton County Retirement Village**

3639 E 200 S. Oxford IN, 47971

Tonya Robinson, Administrator

765-884-0589

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_\_\_\_

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

Social Security Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_

Place of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_ U.S. Citizen:\_\_\_\_\_

Name, Address and phone number of Guardian (if one appointed):

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

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

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation of Contact:\_\_\_\_\_\_\_\_\_\_\_\_

**Family:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Address: | Relationship: | Phone Number: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please list below all medications you are currently prescribed from a physician and also list your current doctors:

|  |  |
| --- | --- |
| Prescription: | Doctor: |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Do you have any method or means to fund your stay at the home?

Are you currently receiving any financial assistance such as Social Security Disability, Social Security Supplemental Income, food stamps, or any other monetary assistance? If so, please list and state how much you receive on each per month.

Do you have any family members or friends that could contribute to your housing expenses at Benton County Retirement Village? If so, please list their names, addresses and phone numbers below and estimate how much you believe they could contribute per month on your behalf.

Are you currently on Medicaid or have any other type of health insurance?

Please briefly describe your previous employment history and state whether you would be able to work today. If you are unable to work, please briefly state why.

Are you currently married or have been previously married? If so, please list your current or former spouse with the following information:

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

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number(if known):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do either you or your spouse/former spouse receive any types of financial assistance through any and all means not previously listed in this application? If so, please list.

Do either you or your spouse/former spouse own any real property? (homes, land, real estate) If so, please list the location, any mortgage or money owed on said property and the current approximate worth.

Do either you or your spouse/former spouse have any checking, savings or any other type of accounts with available funds? If so, please list individually with the approximate amounts in each.

I swear and affirm under the penalties of perjury that the foregoing statements are true and accurate to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT SIGNATURE