

**Northland Heights, LLC.**  
**4859 McKnight Road, Pittsburgh, PA 15237**  
**Phone: (716) 368-6088**

## APPLICATION FOR ADMISSION

*Instructions: Please complete all information and return to us as soon as possible. There are no financial obligations made as a result of filling out this application.*

### 1. Personal Data

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ F \_\_\_\_\_ M

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

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

Place of Birth: \_\_\_\_\_ U.S. Citizen \_\_\_\_\_ yes \_\_\_\_\_ no\*

\*If no, Proof of Citizenship required; Admissions Department will make a copy to file.

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widow(er)

Maiden Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Religion: \_\_\_\_\_

Veteran \_\_\_\_\_ yes \_\_\_\_\_ no Years/War Served \_\_\_\_\_

Spouse a Veteran \_\_\_\_\_ yes \_\_\_\_\_ no Years/War Served \_\_\_\_\_

Applicant's Current Location: \_\_\_\_\_  
(If different from above)

### 2. Personal Arrangements

Attending Physician \_\_\_\_\_ Phone \_\_\_\_\_

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

Will this physician be responsible for your care while at the Facility? \_\_\_\_\_ yes \_\_\_\_\_ no

Hospital of choice: \_\_\_\_\_

### 3. Personal Contact

Power of Attorney or Responsible Party (Upon admission, a current copy of Power of Attorney designation is required.)

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

e-mail Address: \_\_\_\_\_

#### 4. Health Insurance

Carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Case Number: \_\_\_\_\_ County: \_\_\_\_\_

Other Medical Insurance \_\_\_\_\_

Prescription Card Number \_\_\_\_\_

#### 5. Financial Information

All information is confidential. List only applicant resources.

a Applicant's monthly income	\$ _____
Social Security	\$ _____
Retirement Pension (source and amount)	\$ _____
Annuities, Dividends, interests	\$ _____
<b>Total</b>	<b>\$ _____</b>

b Real Estate (if owned individually, joint names or as tenants in common, so indicate).

#1 Address \_\_\_\_\_

#2 Address \_\_\_\_\_

Manner of ownership: \_\_\_\_\_ Individual  
\_\_\_\_\_ Joint (list name) \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

Value of Property: \$ \_\_\_\_\_

c Bank Deposits

Name of Bank(s)	Current Balance

d Stocks and Bonds

Name of Corporation or Issuer of Bonds	Owner	Number of Bonds or Shares of Stock	Value

e Life Insurance Policies

Company Name	Policy Number	Owner	Beneficiary	Cash Value

Have you ever been convicted of a felony or sexual offense?      Yes         No     
 If so, please explain \_\_\_\_\_

Failure to provide accurate information shall result in denial of admission.

**6. Signatures**

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

Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE BE ADVISED THAT PAYMENT IS DUE UPON ADMISSION TO OUR FACILITY AS FOLLOWS:**

- 1) Admissions prior to the 15<sup>th</sup> of the month: one month
- 2) Admissions after the 15<sup>th</sup> of the month: balance of month, plus one month.