



Park View Health Center
Over a Century of Quality Care

725 Butler Avenue
Oshkosh, WI 54901-8149
920-237-6300
Fax: 920-237-6944

ADMISSION APPLICATION

Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street) (City) (State/Zip)

Home Phone: (____) _____ Cell Phone: (____) _____

County & State of Legal Residence: _____

Date of Birth: _____ Age: _____ Race: _____

Marital Status: _____ Name of Spouse: _____ Gender: F M

Religion: _____ Church: _____

Choice of Funeral Home: _____ Address: _____

Are you a Veteran? Yes No Is your spouse a veteran? Yes No

Name of Primary Physician: _____ Phone: (____) _____

Hospital Preference: _____

Desired date of admission to nursing home: _____

What is the anticipated length of stay? Short term Long term Uncertain

Has applicant ever stayed in a nursing home, CBRF, or group home? Yes No

If yes - Facility Name/Dates: _____

LEGAL DOCUMENTS

Check all that are currently in place. Please provide Park View with a copy.

- Power of Attorney for Health Care Statements of Incapacity
- Financial Power of Attorney Living Will
- Guardian of Person Guardian of Estate Protective Placement

EMERGENCY CONTACTS

1.) Name: _____ Relationship: _____
Address: _____
Phone (Cell): _____ (Home): _____

2.) Name: _____ Relationship: _____
Address: _____
Phone (Cell): _____ (Home): _____

INSURANCE INFORMATION

A copy of insurance cards is required.

Social Security #: _____

Medicare #: _____ Coverage: A B

Medicaid #: _____

Health Insurance Primary: _____
(Name) (Policy #) (Group #)

Health Insurance Secondary: _____
(Name) (Policy #) (Group #)

Medicare D Drug Plan: _____
(Name) (Policy #) (Group #)

Are you a member of Lakeland Care, Community Care, or Inclusa? Yes No Do you own your own home? Yes No

FINANCIAL INFORMATION

Monthly Income (Social Security, SSI, Veteran's Benefits, Pensions, Interest, Dividends, Annuities, Rent, Other):

Source	Amount
1.) _____	\$ _____
2.) _____	\$ _____
3.) _____	\$ _____
4.) _____	\$ _____
5.) _____	\$ _____
6.) _____	\$ _____
7.) _____	\$ _____

Assets (Checking, Savings, Certificates, Stocks, Bonds, Other):

Under \$2,000 \$2,000-\$20,000 Over \$20,000-\$50,000 Over \$50,000

Have you and/or your spouse given away or sold any assets or property in the past five years for less than fair market value? Yes No
If yes, please provide details below including what, how much, to whom, and when.

Financially Responsible Person: _____
(name) (address) (phone)

SIGNATURE

Completed by: _____ Relationship: _____

Date: _____