



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 Inlusa? ☐ 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: _____