

# Application For Admission

**CLOVER**



**Health Care**

440 Minot Avenue  
Auburn, Maine 04210

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## **Confidential Personal and Financial Information**

### 1. General Information

A. Resident Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Marital Status M\_\_S\_\_W\_\_D\_\_

Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_ Religion \_\_\_\_\_

### 2. Contact Information

A. Has anyone been appointed Power of Attorney or Guardian?

No \_\_\_\_\_ Yes \_\_\_\_\_ (if so, please provide copy of document)

Name of POA /Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # (\_\_\_\_\_) \_\_\_\_\_ Work Phone # (\_\_\_\_\_) \_\_\_\_\_

Please describe relationship of this POA/Guardian \_\_\_\_\_

B. Person To Notify in Case of Emergency

Name \_\_\_\_\_ Relationship to Resident \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Resident \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Resident \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

3. Medical Information

A. Primary Physician

Name \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Consulting Physician

Specify reason for seeing physician \_\_\_\_\_

Name \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

B. Medical Issues

Please list and/or describe a brief medical history

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

Please list current medications

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

4. Financial Information

Medicare # \_\_\_\_\_ Part A \_\_\_\_\_ Part B \_\_\_\_\_

Private Insurance Information – Name \_\_\_\_\_

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

ID # \_\_\_\_\_ Group # \_\_\_\_\_

Medicaid # \_\_\_\_\_ If pending, county & date applied \_\_\_\_\_

Total Monthly Income \$ \_\_\_\_\_ Real Estate Value \$ \_\_\_\_\_

Total Value of Assets \$ \_\_\_\_\_ Approx. Net Worth \$ \_\_\_\_\_

How did you learn about our facility? \_\_\_\_\_

I have been informed that this information will be kept confidential. Falsification of the above information will render my application null and void.

Signature of Resident/POA \_\_\_\_\_ Date \_\_\_\_\_