



Mountrail Bethel Home
P.O. Box 700 | 615 6th St SE
Stanley, ND 58784

Phone: (701) 628-2442 | Fax: (701) 628-3106

I am applying for admission to Mountrail Bethel Home Skilled Nursing Facility. It is my understanding that Mountrail Bethel Home staff will use the information in this application. I also understand that I am under no obligation to supply the information requested by this form; however, my eligibility cannot be determined without providing such information and the consequences of such a refusal would make me ineligible for admission.

Applicant Information

First Name	Middle Initial	Last Name	DOB	Soc Sec #
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Address (physical)	City	State	Zip Code
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Mailing Address (if different)	City	State	Zip Code
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Home Phone Number	Cell Number	Work Number
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Power of Attorney, Personal Representative, or Family Contact Information

First Name	Last Name	Relationship
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Address (physical)	City	State	Zip Code
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Mailing Address (if different)

Home Phone Number	Cell Number	Work Number
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Personal Representative	<input type="checkbox"/> Family Contact

Assets

Check yes by the assets owned or jointly owned. Check no, if none.

- Yes No Annuities
- Yes No Assets Owned with Another Person
- Yes No Burial Plots
- Yes No Burial Space Items (Casket, Vault, Marker, etc.)
- Yes No Business Accounts
- Yes No Business Inventory/Equipment
- Yes No Cash on Hand
- Yes No Certificates of Deposit
- Yes No Checking/Credit Union Accounts
- Yes No Debit Card Account (Not Checking/Savings)
- Yes No Farm Equipment, Livestock, Stored Grain
- Yes No Home/Mobile Home (Not Owner Occupied)
- Yes No Home/Mobile Home (Owner Occupied)
- Yes No Income Producing Tools/Equipment
- Yes No Irrevocable Burial Fund
- Yes No Inheritance
- Yes No Life Estate/Life lease
- Yes No Mineral Rights (Oil, Gas, Gravel, Coal, etc.)
- Yes No Money Market Account
- Yes No Notes or Contract for Deed
- Yes No Prepaid Funeral Plans
- Yes No Real Property (Land, Rental Property, Buildings, etc.)
- Yes No Retirement Funds (IRA/KEOGH/401K)

Income

Employment

Yes No Retired Are you employed? If yes, list information about pay from employment such as wages, commissions, bonuses, and incentives.

Self-Employment

Yes No Retired Are you self-employed? If yes, list the name and type of business along with income information.

Unearned Income or Other Money Received

The following is a list of different kinds of unearned income. Check yes for each unearned income or other money received. Check no, if not received.

Yes No Benefits while on Strike

Yes No BIA/Tribal General Assistance

Yes No Bingo/Gambling Winnings

Yes No Child Support or Spousal Support

Yes No Contract Sale or Rental Income

Yes No Income from CRP

Yes No Income from Tribes

Yes No Income from Roomer/Boarder

Yes No Insurance/Lawsuit Settlement

Yes No Interest/Dividend Income

Yes No Money Deposited into a Bank Account from an Individual Outside of Your Household

Yes No Money from Friends, Relatives or Others

Yes No Money from Inheritance

Yes No Oil/Mineral Rights/Royalties

Yes No Pension/Retirement Benefits

Yes No Railroad Retirement Benefits

Yes No Refugee Assistance

Yes No Social Security Benefits

Yes No Supplemental Security Income (SSI)

Yes No TANF-Temporary Assistance for Needy Families

Yes No Unemployment Benefits

Yes No Veteran's/Military Benefits

Yes No Workers' Compensation

Other, specify:

For all items checked yes, fill in the information below:

Type of Unearned Income or Other Money Received	How Often Received	Monthly Amount

Have you transferred ownership or sold any assets within the past 5 years? (Example: House, Vehicle, Land, etc.)

Yes No If yes, explain:

Have you sold, given away or transferred any income or stream of income within the past 5 years? (Example: annuity payments, VA improved pension)

Yes No If yes, explain:

Life Insurance

Do you have life insurance? Yes No If yes, fill in boxes below
 Does the life insurance policy include irrevocable itemized burial fund? Yes No
 *If yes, provide a copy of life insurance policy

Name of Insured Person	Name & Address of Company	Policy Number	Face Value	Cash Surrender Value	Owners

Vehicles

List vehicles (car, truck, motor home, snowmobile, motorcycle, 3 wheeler/4 wheeler, boat or other watercraft, camper, trailer, etc.) owned, jointly owned or being purchased, even if the vehicle is not running or not in your possession.

Make/Model	Year	Value	Amount Owed	Owners

Health Insurance Coverage

please include if applicable: Medicare A/B, Medicaid, Supplemental Ins., & Commercial Ins.

Health Insurance Name & Address	Policy Number	Group Number

Long Term Care Insurance

Yes No Do you have a long term care insurance policy? If yes, please provide the name and policy number.

Name	Policy #	Address
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I/We, the undersigned, affirm that the answers to all the questions are complete and accurate to the best of my/our knowledge. I promise to be personally responsible for all nursing home costs incurred at Mountrail Bethel Home. My financial representative or I promises to make prompt payments until the time I am eligible for Title XIX Medical Assistance. **Medicaid participants agree to pay the recipient liability if applicable.

Signature

Print Name

Date

Note: Please provide copies of the following:

- Social Security Card
- Medicare Card
- Medicare Prescription Drug Plan
- Medicaid Notification
- Insurance Card(s)
- Authorization papers for POA (Financial &/or Health), Guardianship, Conservatorship, Life Estate, Trust, etc.
- Healthcare Directive
- Verification of Ability to Pay
 - Bank statement(s)
 - Proof of Income