



Dear Prospective Resident:

We thank you for choosing Santa Teresita's Skilled Nursing as your choice of residence and care. Our Admission's Department would like to assist you in gathering all the needed documentation to complete your application process. In order to help you, here is a checklist of the items you will need to include with the submission of your application:

- Completed Application
- Last month's bank statement as well as prior year tax return (for private pay applicants)
- Social Security Card (copy)
- Medicare Card and/or HMO, PPO Card (front and back copy)
- Medicare Supplemental card (front and back copy)
- Medi-Cal Card
- RX/Drug Care (copy)
- Durable Power of Attorney for Healthcare
- Power of Attorney for Finances
- We will also need the health information listed on the next page. Please use the attached letter to obtain all necessary information from your physician. Our office can also assist you in obtaining the information.*

Should you have any questions or concerns during the application process, we are available to assist you; please do not hesitate to contact us.

Santa Teresita Admissions Department | Phone: 626.932.3433 | Fax: 626.301.0399



Dear Doctor

Your patient, _____ is applying for admission to Santa Teresita Manor Skilled Nursing. In order to expedite the admissions process, could you please forward to our office for review the following health information?

- Current History & Physical
- Results from any recent procedures (video studies, etc.)
- Rehab notes (if coming from TCU or another SNF)
- Current List of Medications
- Psych. Notes
- Recent Labs & X-Rays
- Notes on Skin Condition

Thank you for your assistance in our efforts to provide the best care to your patient.

Santa Teresita Admissions Department | Phone: 626.932.3433 | Fax: 626.301.0399

Authorization for Release of Medical Information

(To be completed by resident or resident's legal representative)

I hereby authorize release of requested medical information to
Santa Teresita Manor Skilled Nursing, 819 Buena Vista Street, Duarte, CA 91010

1. SIGNATURE OF RESIDENT AND/OR RESIDENT'S LEGAL REPRESENTATIVE

2. ADDRESS

3. DATE

Date: _____



Santa Teresita-Manor Skilled Nursing License #950000125
819 Buena Vista Street | Duarte, CA 91010-1703 | 626.359.3243

Skilled Nursing Application

Applicant Information:

Name: _____ Date of Birth: _____ Age: _____ Sex: _____

Address: _____

Street City State Zip Code

Home Phone: _____ Religion: _____ Marital Status: S M W D

Birthplace: _____ Social Security Number: _____
City/State

Medicare Number: _____ Medi-Cal Number: _____

Health Insurance: _____
Company Cert. # Gr/Policy #

HMO: _____ Affiliated Group: _____

Physician: _____ Phone: _____

Hospitalization:

Have you been hospitalized in the last 12 months? Yes No If yes, please, complete the following.

Hospital: _____ Admit Date: _____ Discharge Date: _____

Have you been in a Skilled Nursing facility in the last 12 months? Yes No

If yes, please, complete the following:

Name of Skilled Nursing Facility: _____ Admit Date: _____ Discharge Date: _____

Current residence: _____ Admit Date: _____ Discharge Date: _____

Emergency Contact Information:

Contact 1:

Mr. Mrs. Miss Ms.

Name: _____ Relationship: _____

Address: _____

Street: City: State: Zip Code:

Home Phone: _____ Office Phone: _____ Mobile Phone: _____

Contact 2:

Mr. Mrs. Miss Ms.

Name: _____ Relationship: _____

Address: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Office Phone: _____ Mobile Phone: _____

Responsible Party:

Mr. Mrs. Miss Ms.

Name: _____ Relationship: _____

Address: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Office Phone: _____ Mobile Phone: _____

Charge Account to: _____
Name Address Phone

Mortuary: *The State of California requires that the name of a mortuary be designated.*

Name: _____ Phone: _____

Address: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Have pre-need arrangements been made? Yes No

Skilled Nursing Application- Statement of Financial Condition

APPLICANT NAME (please print):

Last Name	First Name	Date
<u>MONTHLY INCOME</u>		
Social Security _____	Amount _____	
Pensions (Source) _____	Amount _____	
Annuities _____	Amount _____	
Rental Income _____	Amount _____	
<u>ASSETS</u>		
Cash _____	Amount _____	
Checking _____	Amount _____	
Banking Institution: _____	Account # _____	Description: _____
Savings _____	Amount _____	
Banking Institution: _____	Account # _____	Description: _____
Investment Portfolio _____	Amount _____	
Banking Institution: _____	Account # _____	Description: _____
Life Insurance (whole life) _____	Amount _____	
Stocks and Bonds: _____	Amount _____	
Description: _____		
Burial Insurance: _____	Amount _____	
Burial Plot: _____	Amount _____	
Properties:		
Type _____	Value _____	
Other _____	Amount _____	
<u>LIABILITIES</u>		
Loans/Mortgages _____	Amount _____	
Credit Cards _____	Amount _____	
Judgment Creditors _____	Amount _____	

Signature of Resident/ Responsible Party