



900 Loma Colorado Blvd., NE
Rio Rancho, New Mexico 87124
(505) 994-2296

PRIVATE PAY APPLICATION FOR RESIDENCY

To apply for admission at The Neighborhood in Rio Rancho (NIRR) community, please complete the following information, sign, and return this application to the Business Office. This application will become a part of the "Admission Agreement" and should be completed in its entirety. All information will be held in confidence.

Date _____

Name of Prospective Resident _____

Address _____

Telephone Number _____ Social Security Number _____

Gender _____ Age _____ Date of Birth - Month _____ Day _____ Year _____

Place of Birth _____ Marital Status _____

Name of Inquirer _____ Relationship _____

Address _____

Telephone # _____

Other Persons to Contact (In Case of Emergency)

Name	Relationship	Address	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEDICAL/PERSONAL DATA

Residents current Physician _____

Physician to follow Resident at NIRR _____

Podiatrist _____ Dentist _____

Ophthalmologist/Optometrists _____

Hospital Preference _____

Mortuary _____

Please Check All That Apply

- | | |
|--------------------------------|---|
| 1. _____ Mentally Alert | 7. _____ Bed Ridden |
| 2. _____ Slightly Forgetful | 8. _____ Requires Special Diet |
| 3. _____ Confused | 9. _____ Able to Eat Without Assistance |
| 4. _____ Ambulatory | 10. _____ Requires Assistance with Eating |
| 5. _____ Walks with Assistance | 11. _____ Incontinent |
| 6. _____ Requires Bedrails | 12. _____ Continent |

Admission date desired _____ Applicant currently resides at _____

Reason for seeking admission _____

The Name(s) of the person(s), other than the resident, who will be financially responsible for the cost of care, (the "guarantor") if any. While a guarantor is not required for admission, the facility does require that a source of payment be identified to pay for the Resident's care.

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Any person(s) whose name is listed here must also sign the application.)

Has a Financial Trust account been established? **YES NO**

Has a Power of Attorney been awarded on the person to be financially responsible? **YES NO**

Upon admission a copy of the Medical and Financial Power of Attorney will be required.

Has a legal guardian been appointed by a court? **YES NO**

Does this prospective resident have Health Insurance? **YES NO**

Medicare Part A# _____ Medicare Part B# _____

Health Maintenance Organization # _____

Other Health Insurance Coverage? Company _____ ID# _____

(A copy of all Health Insurance cards is required upon admission.)

FINANCIAL DATA

To process your application, the following information is needed. The information supplied is confidential and allows us to assist you in your long-term planning. The financial data should be that of the Resident and/or Guarantor. All income and amounts listed, whether under the Resident or Guarantor section, must either be owned by the Resident or in fact be available to the Resident to pay for the Resident's stay while at The Neighborhood in Rio Rancho. Your cooperation is appreciated in order to expedite admission. Please note that it is not mandated that a Resident have a Guarantor, only that an adequate source of payment be identified. Thus, any person who agrees to be a Guarantor is doing so voluntarily.

MONTHLY INCOME	RESIDENT	GUARANTOR (if any)
Salary	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Pensions/Annuities	\$ _____	\$ _____
IRA	\$ _____	\$ _____
Interest/Dividend Income	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____
Investments/Other	\$ _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____	\$ _____

ASSETS

Cash (Itemize by Bank/Account)	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Securities (Stocks/Bonds)	\$ _____	\$ _____
Trust	\$ _____	\$ _____
Real Estate (Description/Local)	\$ _____	
_____	\$ _____	
_____	\$ _____	

OTHER ASSETS

Cash Value of Life Insurance	\$ _____
Vested Pension Benefits	\$ _____

Business Interests \$ _____
Automobiles \$ _____
Other \$ _____
TOTAL ASSETS \$ _____

LIABILITIES

Home Mortgage \$ _____ \$ _____
Credit Cards/Charge Accounts \$ _____ \$ _____
Loans \$ _____ \$ _____
Taxes Owed \$ _____ \$ _____
NET WORTH (ASSET-LIABILITIES) \$ _____

PLEASE SIGN BELOW

Resident's or Responsible Parties Signature **Date**

Resident's or Responsible Parties Signature **Date**

Resident's or Responsible Parties Signature **Date**

REVIEWED BY

Admissions Director's Signature **Date**

Administrator's Signature **Date**