HUMBOLDT COUNTY MEMORIAL HOSPITAL
LONG TERM CARE

Humboldt Hospital: 515-332-4200
Direct: 515-332-7678 | Fax: 515-332-7690
www.humboldthospital.org
1000 15th St. N. Humboldt, IA 50548

APPLICATION FOR ADMISSION

PERSONAL INFORMATION

Please complete all fields. Write N/A if a field does not apply.

Name	Phone
Current address	
City	State / Zip Code
Date of Birth	Gender: ☐ M ☐ F
Ethnicity / Race	

Present Living Arrangements

Check all that apply.

☐ Own Home/Apartment	☐ Nursing Home
☐ Rehabilitation: LTC/Hospital	☐ Psychiatric Hospital
☐ Assisted Living Facility	☐ Adult Care @ Home
☐ Alone	☐ With Spouse
☐ Group Setting	☐ With other Relatives/close friend

Marital Status

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Name of Spouse	Date of Death (if deceased)

Insurance & Military Information

Benefits and Insurance

Do you currently receive SSI? ☐ Yes ☐ No	Do you currently receive Title XIX (Medicaid)? ☐ Yes ☐ No
Social Security #	Medicare #
Part A Effective Dates	Part B Effective Dates
Medicare D	
LTC Insurance Company Name & Policy #	

Military History

Veteran? ☐ Yes ☐ No	If yes, Branch of Military
Dates of Service	War time Veteran? ☐ Yes ☐ No
Which Conflict?	
I am a dependent of a Veteran ☐ Yes ☐ No	If yes, Name of Veteran

Emergency Contacts & Children

Emergency Contact Persons

Contact 1	Contact 2
Name	Name
Relationship	Relationship
Address	Address
City / State / Zip	City / State / Zip
Phone	Phone
Email	Email

Children

Name	Phone Number

Service Providers & Legal Information

Service Provider / Name	Telephone Number
Primary Physician	
Dentist	
Specialists (e.g., Podiatrist)	
Optometrist	
Pharmacy	
Attorney	
Mortuary	
Other	

Advance Directives

Check those you currently have and provide copies.

☐ Living Will

☐ Health Care Power of Attorney (Durable Power of Attorney)

☐ Do Not Resuscitate Orders

☐ Body Organ Donation — What? _____

Legal Status

Check applicable roles, list names and phone numbers, and provide copies.

Role	Name	Phone Number
☐ Power of Attorney		
☐ Conservator		
☐ Guardian		

Personal Background & Interests

Religious Affiliation

Church	Phone Number
Address	
City	State / Zip Code

Biographical Information

My Place of Birth	Name of my Parents
My Educational Background	Mother's Maiden Name
My Occupation before retirement / Work History	
My Spouse	Spouse's Occupation

Other Information

Please list organizations and fraternal groups you have been active with:

What interests, hobbies, and leisure activities do you enjoy?

HCMH - LONG TERM CARE UNIT

Financial Information

All assets presumed to be FULLY OWNED unless otherwise indicated.

ASSET	MARKET VALUE	TITLE HELD BY
Homestead		
Other Realty		
Stocks/Bonds		
CDs		
Cash/Savings/Bank Accounts		
Mutual Funds		
TOTAL		

Send Statements to:

Name	Street address
City	State / Zip Code

MONTHLY INCOME

Income from	Monthly Amount
Social Security	$
Pension/Annuities	$
Dividend/Interest Income	$
Rental Income	$
Other Income: Please specify _____	$
Total Monthly Income:	$

Admission Payment & Certification

Room Selection and Advance Payment

**Please note these prices are subject to change*

Advance payment = 30 days of room charge required prior to admission or on day of admission

☐ Semi — $305.00/day

☐ Private — $365.00/day

☐ Super single room — $465.00/day

Other factors to be considered by Admissions Committee:

Certification

I certify that the information I have provided in this application is true and correct.

Signature of Applicant/Responsible Party	Date

Required Copies

PLEASE PROVIDE COPIES OF SOCIAL SECURITY, MEDICARE, MEDICARE D, AND INSURANCE CARDS

Tours and Additional Information

For an appointment to tour the Humboldt County Memorial Hospital Long Term Care Unit or for additional information, please call (515) 332-7678.