



Application to Wesley Manor
5012 East Manslick Road, Louisville, KY, 40219

Full Name: _____ Area/Room: _____

Address _____ Phone: _____

County _____ State _____ Zip Code _____

Referred to Wesley Manor by: _____

Date of Birth: / / Marital Status: Sex: Race:

Age: Religion Church/Synagogue:

Clergy Contact: Home # Work #

Power of Attorney: Relationship:

Home # Work # Cell#

Address: Email Address

Send Bill to (if different):

Address:

Home# Work # Cell#

Health Insurance Carrier: Policy #

Group# Medicare#

Social Security# Long-Term Care Insurance? Yes No

Advance Directives: County/State of Birth:

Funeral Home: Phone #

Former Occupation: Level of Education:

Physician: Phone #:

Pharmacy: Phone #:

Hospital Preference: Phone #:

Emergency contacts (please list full names, address and phone below)

Name Relationship Home#
Cell # Work#
Street City/State Zip

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Cell # Work#
Street City/State Zip

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Cell # Work#
Street City/State Zip

Financial Statement

Name of Applicant _____
Name of your bank (s) _____
Address (es) _____

Monthly Income

Social Security \$ _____
Pension \$ _____
Annuities \$ _____
Other (please specify): _____ \$ _____
Total Monthly Income: \$ _____
Minus Monthly Expenses (anticipated after move): \$ _____
Total Net Income (after expenses): \$ _____

Assets to be liquidated (if necessary) to pay for cost of care

Checking Account Balance \$ _____
Savings Account Balance \$ _____
Value of Real Estate (PVA assessment of house, farm, etc.) \$ _____
Other property: _____ \$ _____
Certificates of Deposit (total value) \$ _____
Stocks, Bonds (include Name, # Shares, Current market value) \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
Life Insurance- (include Name of Companies and Cash Value) \$ _____
Total Assets: \$ _____

(If more space is needed, please attach an additional page).

I affirm the foregoing information is true and correct, and further attest that this application for admission is made voluntarily. It is understood that ALL assets listed are to be used solely for the care of the above-named applicant. All information will be kept confidential.

Signature of Applicant _____ Date _____

Approved or Declined by: _____ Date _____

Pending stipulations: _____