

## APPLICATION FOR ADMISSION

<b>Applicant Information</b>			
Name:	Marital Status:	Sex: M F	
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
<b>Co Applicant Information</b>			
Name:	Marital Status:	Sex: M F	
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
<b>Send Bill to</b>			
Name:			
Address:		E-mail:	
City:	State:	ZIP Code:	
Home Phone:	Cell Phone:	Work Phone:	
Relationship:		Financial POA (Name and Phone):	
<b>Emergency Contact</b>			
Name:		E-mail:	
Address:			
City:	State:	ZIP Code:	
Home Phone:	Cell Phone:	Work Phone:	
Relationship:			
<b>Insurance Information (Bring copies of the front and back of your Medicare and Insurance Cards)</b>			
Medicare Number:		Medicaid Number:	
Medicare Hospital Insurance (Plan A)		Medicare Medical Ins. (Plan B)	
Medical Insurance:	ID Number:	Service:	
<p>All programs and services shall be made available without regard to race, color, creed, gender, national origin or other unlawful grounds. The undersigned hereby applies for admission as a resident to Auburn Homes and Services and agrees, if admitted to comply with all current and future policies and procedures of Auburn Homes and Services.</p>			
<p>Information gathered in the application will be used to complete a background check. By signing this application, I authorize TenantReport.com to investigate my criminal history for the purpose of housing. The source of the information may come from, but is not limited to: federal or state records, county or state criminal records as follows, or other source as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I/We understand failure to complete this form completely and truthfully may result in denial and/or forfeiture of deposit. This authorization is for this transaction only and continues in effect for one year unless by state law, in which case the authorization continues in effect for the maximum period, not to exceed one year, allowed by law.</p>			
Signature of applicant/POA:			Date:
Signature of co-applicant:			Date:

## FINANCIAL INFORMATION FOR ADMISSION

Applicant Information		
Name:		
Monthly Income		
SSI income:	Savings:	Annuities:
Long Term Care Insurance:	LTC Phone:	ID Number:
Pension:	Pension Name:	ID Number:
Veterans Benefits:	ID Number:	
Property:	Location/Description:	Other:
<p>Applicant is applying for admission as a resident to Auburn Homes and Services and agrees, if admitted, to comply with all current and future policies and procedures of AHS. Applicants agree that every statement is true; that I have read this application and understand all implications of application.</p>		
Signature of applicant:	Date:	
Signature of co-applicant:	Date:	

## Elderly Waiver (EW) Disclosure Information

At any point of applying for medical assistance during your residency at AHS or if you will be starting the process prior to moving into AHS we would like to be informed of the progress of your application. If you do not complete your MNChoices assessment (face-to-face) with Carver County Social Services and need placement for residency, you will be responsible for any and all private pay rates and services until the MNChoices assessment is completed and verified through Carver County Social Services.

By signing below, you **A)** are acknowledging that you understand the above statement, **B)** you've been provided with contact information for Carver County Social Services, and **C)** that you give the Auburn Homes & Services consent to communicate and verify your Elderly Waiver status with Carver County Social Services.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature Designated Rep/POA: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of AHS Rep: \_\_\_\_\_ Date: \_\_\_\_\_

### AHS Verification of the MNChoices assessment completed by Carver County Social Services:

Verification by: \_\_\_\_\_ MNChoice assessment completion (date): \_\_\_\_\_