

# Application for Admission



NURSING & REHABILITATION CENTER  
299 Hurley Avenue ~ Rockville, Maryland 20850  
phone: 301-762-8900 ~ fax: 301-838-0416  
TTD for Disabled MD Relay Service phone: 800-735-2258

Complete the following information by printing in the data and signing the last page. Mail, fax, or deliver this application to Collingswood Nursing and Rehabilitation Center, later referred to as CNRC.

Admission date: \_\_\_\_\_

Room desired:  Private  Semi-Private

Legal name of prospective resident: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Marital status: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Medicare #: \_\_\_\_\_  Part A (Hospital)  Part B (Medical)

Other insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

History of mental illness:  Yes  No

Prospective resident is at:  Home  Hospital  Other (specify) \_\_\_\_\_

Hospital's name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Last dates of residing in a *skilled* nursing home: \_\_\_\_\_

Is resident being admitted:  Short term  Long term

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## Financial Profile

To establish that a resident has adequate financial resources for payment of services, for purposes of long-term planning, please complete the following:

### MONTHLY INCOME

Social Security	\$ _____
Retirement / Pension	\$ _____
Annual Rental Income	\$ _____

### RESIDENCE (if resident owns)

Value (approximate)	\$ _____
Mortgage (approximate)	\$ _____

### ASSETS (current balance of)

Savings Account(s)	\$ _____
Checking Account(s)	\$ _____
Stocks	\$ _____
Bonds	\$ _____
Certificates of Deposit	\$ _____
Other (describe)	\$ _____

### LIABILITIES (Medical bills, credit cards, charge accounts, loans)

Dollar Total	\$ _____
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Specify Liabilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby attest that the above financial information is accurate and assets are available to the resident to pay for services received at CNRC. It is understood that CNRC relies on the accuracy and completeness of the information furnished in order to make an admission decision.

\_\_\_\_\_  
Responsible Party's Signature

\_\_\_\_\_  
Date