

For Office Use:  
Rm# \_\_\_\_\_  
Admit# \_\_\_\_\_  
Dr. \_\_\_\_\_  
RX SNF/Medicare \_\_\_\_\_  
RX SNF/Insurance \_\_\_\_\_  
RX ICF \_\_\_\_\_



6701 Jersey Ridge Road, Davenport, IA 52807  
PHONE (563) 324-1621 FAX (563)324-1723

**APPLICATION FOR ADMISSION**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ MARITAL STATUS: MARRIED SINGLE (-Never married) DIVORCED WIDOWED  
FUNERAL HOME \_\_\_\_\_ PHONE \_\_\_\_\_  
HOSPICE (IF APPLICABLE) \_\_\_\_\_ PHONE \_\_\_\_\_  
PHYSICIAN FOLLOWING AT KAHL HOME \_\_\_\_\_ PHONE \_\_\_\_\_

**INSURANCE INFORMATION**

SOCIAL SECURITY NO. \_\_\_\_\_ MEDICARE NO. \_\_\_\_\_  
SUPPLEMENTAL INSURANCE \_\_\_\_\_ POLICY NO. \_\_\_\_\_  
MEDICAID NO. \_\_\_\_\_ VETERANS NO. \_\_\_\_\_  
Long Term Care Insurance (if Applicable) \_\_\_\_\_

**Copies of Medicare, Medicaid and insurance cards must be attached (front and back) to this application.**

**RESPONSIBLE PARTY FOR BILLING**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
POA FINANCIAL: (NAME) \_\_\_\_\_  
POA HEALTH: (NAME) \_\_\_\_\_  
GUARDIAN: (NAME) \_\_\_\_\_

**EMERGENCY CONTACTS**

1) NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_ E-MAIL \_\_\_\_\_  
2) NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_ E-MAIL \_\_\_\_\_

**FINANCIAL RESOURCES-REQUIRED FOR LONG TERM PLACEMENT**

AS A FACILITY PARTICIPATING IN THE MEDICARE AND MEDICAID PROGRAMS, IT IS ESSENTIAL THAT WE RECEIVE AN ACCURATE AND COMPLETE STATEMENT OF THE APPLICANT'S FINANCIAL STATUS. PLEASE NOTE IF THESE ARE SOLEY OR JOINTLY OWNED.

**INCOME RESOURCES (MONTHLY)**

RETIREMENT/PENSION \$ \_\_\_\_\_  
SOCIAL SECURITY \$ \_\_\_\_\_  
OTHER \$ \_\_\_\_\_  
LIFE INSURANCE \$ \_\_\_\_\_

**ASSETS**

CHECKING \$ \_\_\_\_\_  
SAVINGS/MONEY MARKET \$ \_\_\_\_\_  
INVESTMENTS \$ \_\_\_\_\_  
PROPERTY \$ \_\_\_\_\_ Mortgage Amt\$ \_\_\_\_\_

Please note any changes in asset ownership or allocation in the last 5 years \_\_\_\_\_

IT IS THE POLICY OF THE KAHL HOME THAT ALL AVAILABLE SERVICES ARE PROVIDED WITHOUT REGARD TO SEX, RACE, COLOR, ANCESTRY, NATIONAL ORIGIN, RELIGIOUS CREED, HANDICAP OR DISABILITY.

THE INFORMATION PROVIDED IS COMPLETE, CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

REVISED: 01/14/2021