

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) 324-17

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 _____
PRIMARY PHYSICIAN (AT HOME) _____ PHONE _____
PHARMACY (AT HOME) _____ PHONE _____
PHYSICIAN FOLLOWING AT KAHL HOME _____ PHONE _____

INSURANCE INFORMATION

SOCIAL SECURITY NO. _____ MEDICARE NO. _____
Medicare Advantage Plan Name _____ Medicare Advantage ID# _____
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 \$ _____

Reverse Mortgage Yes or NO Amount _____

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

ASSETS

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

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: 7/10/2025