

# Application Addendum for Nursing Home Clients

Name: \_\_\_\_\_ Case#: \_\_\_\_\_ PID#: \_\_\_\_\_

SS#: \_\_\_\_\_ Name of Nursing Home: \_\_\_\_\_

Date Entered Nursing Home: \_\_\_\_\_ Medicare Covered Dates: \_\_\_\_\_

- Yes  No 1. Do you plan to leave the nursing home within 6 months?
- Yes  No 2. Were you in the hospital or other institution prior to entering this nursing home?  
If yes, what is the name of the institution? \_\_\_\_\_  
Date of Entry: \_\_\_\_\_ Date of Release: \_\_\_\_\_
- Yes  No 3. Is Medicare paying for any of your days in the nursing home?  
If yes, what dates? \_\_\_\_\_
- Yes  No 4. Is the Veteran's Administration paying for any of your days in the nursing home?  
If yes, what dates? \_\_\_\_\_
- Yes  No 5. Do you have any other help in paying for the nursing home?  
If yes, please explain: \_\_\_\_\_
- Yes  No 6. Has your marital status changed since you entered the nursing home?  
If yes, please explain: \_\_\_\_\_
7. Where did you live before entering the nursing home?  
Address: \_\_\_\_\_
- Yes  No 8. Do you own a home or maintain a life estate interest in a home?  
If yes, who currently lives in the home? \_\_\_\_\_  
Relationship to Them: \_\_\_\_\_
- Yes  No 9. Do you intend to return to your home?
- Yes  No 10. Do you live at home or have a spouse or other dependent at home?  
If yes, fill out the information below:
- Rent or Mortgage: \$ \_\_\_\_\_ Home Owner's Insurance\*: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_  
Second Mortgage: \$ \_\_\_\_\_ Property Taxes\*: \$ \_\_\_\_\_ Trailer Space Rent: \$ \_\_\_\_\_  
Condo Fee: \$ \_\_\_\_\_ \*If not included in mortgage or escrow
- Yes  No 11. Does anyone help you, your spouse or dependent pay these expenses?  
If yes, how much do they help you pay? \$ \_\_\_\_\_
- Yes  No 12. Have you or your spouse owned or jointly owned any of these in the past 60 months?

Asset	Yes/No	Value	Date Item Sold/ Transferred	Amount Received	Do you still receive money from this sale/ transfer? Amount & Frequency
Cash					
IRA/KEOGH Account					
Money Market Account					
Prepaid Burial Plan					
Burial Spaces					
Stocks & Bonds					
Home					
Land, Mineral Rights					
Buildings					
Time Shares					
Water Stock or Shares					

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Asset	Yes/No	Value	Date Item Sold/Transferred	Amount Received	Do you still receive money from this sale/transfer? Amount & Frequency
Oil and Gas Leases					
Live Stock					
Recreational Vehicles					
Sales Contract					
Other: _____					

**Return form to:**

Dept. of Workforce Services, P.O. Box 143245, SLC, UT 84114-3245  
 Fax: 1-801-526-9500 Toll-free Fax: 1-877-313-4717

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