



**5425 Western Avenue, NW, Washington DC 20015**

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*The undersigned hereby makes application for admission to the Lisner-Louise-Dickson-Hurt Home.*

**IDENTIFYING INFORMATION**

Name of applicant in full:

\_\_\_\_\_  
**LAST FIRST MIDDLE MAIDEN**

Current Address: \_\_\_\_\_  
**STREET CITY STATE ZIP**

Phone: ( ) \_\_\_\_\_ --- \_\_\_\_\_ Other: ( ) \_\_\_\_\_ --- \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you a United States Citizen? \_\_\_\_ YES \_\_\_\_ NO

How long have you been a resident of the District of Columbia? \_\_\_\_\_

**PRESENT LIVING ARRANGEMENT (Please select and provide additional information as necessary):**

- ☐ Alone Do you have home health services? \_\_\_\_ YES \_\_\_\_ NO
- ☐ With Family Family Member's Name(s): \_\_\_\_\_
- ☐ With Friends Friend's Name(s): \_\_\_\_\_
- ☐ In an Assisted Living Center Name and Location: \_\_\_\_\_
- ☐ In a Nursing Facility Name and Location: \_\_\_\_\_
- ☐ Hospital Setting Name and Location: \_\_\_\_\_

**APPLYING FOR:** \_\_\_\_ **COMMUNITY RESIDENTIAL FACILITY** \_\_\_\_ **ASSISTED LIVING RESIDENCE**  
\_\_\_\_ **NURSING FACILITY** \_\_\_\_ **SHORT TERM REHABILITATION**

**ADDITIONAL CONTACT INFORMATION**

**Responsible Party:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Name of two relatives or significant others:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

Who referred you to the Lisner-Louise-Dickson Hurt Home? \_\_\_\_\_

Please list your reason for application to the Home: \_\_\_\_\_

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**FAMILY AND SOCIAL HISTORY**

**Father's Name:** \_\_\_\_\_

**Mother's Name (First and Maiden Name):** \_\_\_\_\_

**Siblings:**

Name(s)

Age(s) or "Older", "Younger"

Address(es)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MARITAL HISTORY(Please check appropriate box and include information for all previous marriages):**

☐ Married      Date: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Widowed      Date: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Separated      Date: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Divorced      Date: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Never married

Spouse's Name (include maiden name): \_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**CHILDREN:**

Name(s)

Age(s)

Address(es)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Highest grade completed: \_\_\_\_\_

Name and location of last school attended: \_\_\_\_\_

Please list your primary occupation and other type of work done: \_\_\_\_\_

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How may your spiritual needs be met and do you have a religious preference? \_\_\_\_\_

\_\_\_\_\_

Please list your hobbies and interests and any organizations you belong to or have participated in:

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\_\_\_\_\_

Name of Applicant: \_\_\_\_\_

**FUTURE PLANS AND ADVANCED DIRECTIVES**

Do you have any money set aside for, or money invested in a burial plot, contract plan or arrangement to cover funeral or burial expenses? \_\_\_\_\_YES \_\_\_\_\_NO

If yes, please list the following information:

Owner: \_\_\_\_\_

Description: \_\_\_\_\_

Location: \_\_\_\_\_

Value: \_\_\_\_\_

**\*\*\*Please include copies of any contracts or purchases for plots and services.**

Do you have a will? \_\_\_\_\_YES \_\_\_\_\_NO

If yes, please list the location of the will: \_\_\_\_\_

Executor's information: Name: \_\_\_\_\_

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

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

Do you have any arrangements for organ donation? \_\_\_\_\_YES \_\_\_\_\_NO

If yes, please describe your arrangements (**include copies of prearranged agreements**): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a **Living Will** for **health care** purposes? \_\_\_\_\_YES \_\_\_\_\_NO  
(If yes, please include a copy)

Do you have a Durable Power of Attorney for **health care** purposes? \_\_\_\_\_YES \_\_\_\_\_NO  
(If yes, please include a copy)

Do you have a Financial Power of Attorney? \_\_\_\_\_YES \_\_\_\_\_NO  
(If yes, please include a copy)

Name of Applicant: \_\_\_\_\_

**FINANCIAL AND INSURANCE DATA: \*\*\* Please note that copies of all insurance cards must be provided**

Do you have Medicare? \_\_\_\_\_ YES \_\_\_\_\_ NO

Medicare Number: \_\_\_\_\_

Do you have Part A and Part B? \_\_\_\_\_

Dates Effective: Part A: \_\_\_\_\_ Part B: \_\_\_\_\_

Do you have District of Columbia Medicaid? \_\_\_\_\_ YES \_\_\_\_\_ NO

Medicaid Number: \_\_\_\_\_

Do you have any additional medical insurance (i.e. Blue Cross/Blue Shield, AETNA etc.)? \_\_\_\_\_ YES \_\_\_\_\_ NO

**If yes, please include Insurance Type and Number:** \_\_\_\_\_

Do you have a life insurance policy/policies? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes, please complete the following and include copies of each policy including current value:**

**Name of Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Face Value:** \_\_\_\_\_

**Cash Value:** \_\_\_\_\_

**Date Issued:** \_\_\_\_\_

**Is the policy paid in full or are you continuing to make payments?** \_\_\_\_\_

**Do you pay by check or is the payment automatically debited from your bank account?**

\_\_\_\_\_

**In the table below, please include your present monthly income source (please include all sources i.e. Social Security; Retirement):**

SOURCE	MONTHLY AMOUNT BEFORE DEDUCTIONS	IS AMOUNT DIRECTLY DEPOSITED TO YOUR BANK ACCOUNT?	CLAIM NUMBER

Name of Applicant: \_\_\_\_\_

**ASSETS INFORMATION: \*\*\*\*\* Please note that current statements of value are needed for all assets**

Do you own property? \_\_\_\_\_ YES \_\_\_\_\_ NO

**If yes, please complete the following:**

**Property Address:** \_\_\_\_\_

**Description /Value:** \_\_\_\_\_

**Income, if any received from the property:** \_\_\_\_\_

**Is there a joint owner? Please include name:** \_\_\_\_\_

**\*\*\*\*\* Because the Home is specifically for indigent residents of the District of Columbia, a property assessment is needed in order to determine eligibility for admission to the L-L-D-H Home.**

Do you own any stocks? \_\_\_\_\_ YES \_\_\_\_\_ NO

**If yes, please complete the following:**

**Type/Description:** \_\_\_\_\_

**Value:** \_\_\_\_\_

**Income, if any received from stocks:** \_\_\_\_\_

**Is there a joint owner? Please include name:** \_\_\_\_\_

Do you own any bonds? \_\_\_\_\_ YES \_\_\_\_\_ NO

**If yes, please complete the following:**

**Type/Description:** \_\_\_\_\_

**Value:** \_\_\_\_\_

**Income, if any received from bonds:** \_\_\_\_\_

**Is there a joint owner? Please include name:** \_\_\_\_\_

Do you have a Savings Account? \_\_\_\_\_ YES \_\_\_\_\_ NO

**If yes, please complete the following:**

**Name of Bank:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Current Balance:** \_\_\_\_\_

**Is this a joint account? Please include name:** \_\_\_\_\_

**Is the account joint for management purposes only or does the account include both individuals funds?** \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Do you have a Checking Account? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please complete the following:

Name of Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_

Current Balance: \_\_\_\_\_

Is this a joint account? Please include name: \_\_\_\_\_

Is the account joint for management purposes only or does the account include both individuals funds? \_\_\_\_\_

Does your name appear on any bank accounts, which you consider to be someone else's? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain: \_\_\_\_\_

Do you have an accountant or other person who currently is managing your money? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please complete: Name: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_

### **THIRD PARTY REIMBURSEMENT:**

Have you ever applied for and received or applied for and been denied any public financial assistance, medical assistance or Supplemental Security Income? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please provide the dates: \_\_\_\_\_

Have you sold, transferred title or given as a gift any cash or property to any person within the last 24 months? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please discuss: \_\_\_\_\_

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Have you ever been overpaid any SSI payments? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you currently receiving food stamps? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you received any wages in the past 14 months? \_\_\_\_\_ YES \_\_\_\_\_ NO

Were you self-employed in any of the past 12 months? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you have a safe deposit box? \_\_\_\_\_ YES \_\_\_\_\_ NO

Name of Applicant: \_\_\_\_\_

Have you or a former spouse ever:

	<u>APPLICANT</u>		<u>SPOUSE</u>	
	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>
Been in the military?	_____	_____	_____	_____
Worked in the railroad service?	_____	_____	_____	_____
Worked for the Federal Government?	_____	_____	_____	_____
Worked for a State Government?	_____	_____	_____	_____
Worked for a County Government?	_____	_____	_____	_____
Worked for a City Government?	_____	_____	_____	_____
Worked for an employer with a pension plan?	_____	_____	_____	_____
Have you or anyone related to you by blood or marriage ever done work that was covered under the Social Security system or pension plan of a country other than the United States?	_____	_____	_____	_____

**If yes, please provide the following:**

Name of Employee: \_\_\_\_\_

ID or Claim Number if applicable: \_\_\_\_\_

Name and Address of Employer or Organization: \_\_\_\_\_

\_\_\_\_\_

Beginning and Ending Dates of Employment: \_\_\_\_\_

\_\_\_\_\_

**By signing below, I certify that the information that I have provided is complete and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
**Applicant/Responsible Party**

\_\_\_\_\_  
**Date**