

Vermont Congregational Home, Inc.
dba FRANCES ATKINSON RESIDENCE FOR THE RETIRED
4717 Main Street, Newbury, VT 05051

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APPLICATION FOR RESIDENCY

General Information

Applicant's Name: Last _____ First _____ Middle Initial _____

Date of Birth: _____ Gender: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Present location, if different from home address: _____

Marital Status: ___ Single ___ Married ___ Separated ___ Widowed ___ Divorced

Is applicant a veteran, or a spouse or surviving spouse of a veteran? ___ Yes ___ No

Are you self-pay or Medicaid? _____ Have you signed up for long-term Medicaid? ___

Primary Care Provider: _____ Phone: _____

Address: _____

Social Security No.: _____ Medicare No.: _____

Other Insurance: _____ Policy No.: _____

Drug Plan: _____ Policy No.: _____

Does applicant have a long-term care insurance policy? Yes ___ No ___

Responsible Party Name & Relationship: _____

___ Power of Attorney ___ Legal Guardian ___ Assisting with Financial Responsibilities

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work Phone: _____ **Email Address** _____

Power of Attorney for Healthcare or Healthcare Proxy: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

FINANCIAL DISCLOSURE

Income

Social Security: _____/month Veteran's Pension: _____/month
Retirement Pension: _____/month Railroad Pension: _____/month
Supplementary Security Income: _____/month Annuities: _____/month
Other Income: _____/month
Total Income from all sources: _____/month

Assets

Checking Account

Bank: _____
Balance: _____ Joint Account: _____ Yes _____ No

Savings Account

Bank: _____
Balance: _____ Joint Account: _____ Yes _____ No

Money Market

Bank: _____
Balance: _____ Joint Account: _____ Yes _____ No

Certificates of Deposit

Bank: _____ Amount: _____
Bank: _____ Amount: _____

Real Estate

Does the applicant own a home? _____ Yes _____ No
If yes, estimated value: \$ _____ Jointly Owned: _____ Yes _____ No

Other Assets and Estimated Value: _____

Have any assets been transferred in the last 36 months? _____ Yes _____ No
If yes, please describe: _____

Has an Estate Trust been established? _____ Yes _____ No If yes, please provide a copy.

To the best of my knowledge all of the information provided herein is correct and valid.

Signature of Applicant or Responsible Party

Date

The information provided shall remain confidential and is made available only to authorized personnel involved in the placement process and to any governmental officials authorized access by law to such records.