SENIOR CHARITY CARE FOUNDATION

ON-GOING ASSISTANCE APPLICATION

Name of Applicant:	______	Date:	______
Apartment Name:	______	Marital Status:	______
Apartment Address:	______	Apartment number:	______
City, State, Zip:	______	Applicant's Phone:	______
Legal Resident of Utah?	______	Birthdate: M/D/Y	/ /
Responsible Party's Name:	______	Relationship:	______
Responsible Party's Address:	______	Phone:	______
City, State, Zip:	______		

Need (Reason for Application): Dental Vision Hearing Aids

Income	**Monthly**	**Assets (Value):**	
Social Security	$	House	$
Pensions, IRA's Etc.	$	Other Property	$
Trusts, Others	$	Life Insurance	$
Veteran's Admin.	$	Investments	$
Family	$	Savings	$
Facility Discount	$	Money Owed to Me	$
Other: ______	$	Other: ______	$
Total Income:	**$**	**Total Assets:**	**$**

Expenses: (For Long Term Care and Assisted Living)	***Monthly***	**Expenses:** (For Independent Apartments)	***Monthly***
Facility Charges	$	Rent	$
Medications	$	Food	$
Physicians	$	Transportation*	$
Clothes, Toiletries	$	Utilities	$
Other ______	$	Medications	$
		Physicians	$
Total Expenses	$	Clothes, Toiletries	$
		Other ______	$
		Total Expenses	$

* Transportation expenses include care and related expenses such as maintenance and insurance, local bus fare or passes, or local taxi fares. Transportation expenses do not include air travel, train travel or other long distance modes of transportation.

Please mail application to PO Box 744, Kaysville, UT 84037 for Davis and Weber Counties or 1555 W. 2200 So. Suite B. West Valley City 84119 for all other locations.

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Please provide the following documents, if applicable, (If not applicable write N/A in Space provided)

1. Last three (3) years 1040 filings to the IRS; ___________
2. If a home or other real estate is owned, property tax notices; ___________
3. Gift tax returns filed with the IRS during the previous three (3) years. ___________

Person providing Information:

Name: ____ Relationship: ___________________

I certify that the above information is true and accurate, to the best of my knowledge. I understand that Senior Charity Care Foundation is only for residents of senior facilities who do not have the financial resources to pay the total cost of their care and services at a skilled nursing facility, assisted living facility or independent senior apartments. Further, I will make application for any assistance (Medicaid, Medicare, Veteran's Administration, etc.) which may be available for payment of my (or the above named resident's) bills. Therefore, if additional income or assets become available, I will notify the Foundation President promptly. I also understand that if I (or the above named resident) am accepted as a Charity Care recipient, I may be asked to sign an obligatory note.

Signature ____ Date: ___________________

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Required Demographic Questions

Name: ______________________________

Q. What is your sex? ☐ Male ☐ Female ☐ Unreported or Unknown

Q. Are you age ☐ 55 to 59 ☐ 60-64 ☐ 65 and over

Q. Are you ☐ Married or ☐ Single

Q. Are you a Utah resident? ☐ Yes ☐ N

Q. What is your Zip Code?

Q. What is the highest degree or level of school you have completed?

- ☐ Did not complete High School
- ☐ High school graduate - high school diploma or the equivalent (for example: GED) or higher)
- ☐ Bachelor's degree (for example: BA, AB, BS) or higher
- ☐ Unreported or Unknown

Q. What is your total annual household income?

If Single: ☐ **N/A**

☐ Less than $12,490 ☐ $12,491 to $16,612 ☐ $16,613 to $18,735 ☐ $18,736 to $24,980

If Married: **N/A** ☐

☐ Less than $16,910 ☐ $16,911 to $22,490 ☐ $22,491 to $25,365 ☐ $25,366 to $33,820

Q. Do you have any dental insurance? ☐ Yes ☐ No

If "Yes" Please list: ______________________________

Q. Do you have Medicaid? ☐ Yes ☐ No

Do you have a disability? ☐ Yes ☐ No **If yes, please check type below:**

☐ Ambulatory Difficulty ☐ Cognitive Difficulty ☐ Hearing Difficulty

☐ Independent Living Difficulty ☐ Self-Care Difficulty ☐ Vision Difficulty

☐ Other: ______________________________

☐ Unreported or Unknown

Q. Please specify your race

- ☐ American Indian or Alaska Native alone
- ☐ Asian alone
- ☐ Black or African American alone
- ☐ Native Hawaiian or Other Pacific Islander alone
- ☐ White/Caucasian alone
- ☐ Two or more races
- ☐ Unreported or Unknown

Q. Do you identify yourself as:

- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Latino

Q. What is your primary language?

☐ English ☐ Spanish ☐ French ☐ German ☐ Chinese

☐ Other: ______________________________

☐ Unreported or Unknown