

**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        

<b>Income</b>	<b>Monthly</b>	<b>Assets (Value):</b>	
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: _____	\$ _____
<b>Total Income:</b>	<b>\$ _____</b>	<b>Total Assets:</b>	<b>\$ _____</b>

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

\* 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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