

ARIZONA PIONEERS' HOME



Qualifying Documents Pioneer

THE MISSION OF THE ARIZONA PIONEERS' HOME IS TO PROVIDE A HOME FOR ARIZONA PIONEERS AND DISABLED MINERS THAT DELIVERS THE OPTIMAL PHYSICAL, EMOTIONAL, AND SPIRITUAL CARE IN A HOMELIKE AND COMPASSIONATE ENVIRONMENT. QUALITY CARE IS PROVIDED IN A PROFESSIONAL MANNER, PROTECTING DIGNITY AND HONORING THE PERSONAL DIRECTIVES OF EACH RESIDENT, WHILE CONSIDERING THE UNIQUENESS OF EACH INDIVIDUAL

300 S McCormick St. Prescott, AZ 86303

Main: (928) 445-2181 FAX (928) 778-1148

Hello

Thank you for your interest in the Arizona Pioneers' Home. This packet contains the Qualifying Documents which will help our staff determine if you meet the statutory requirements of residency as a Pioneer.

- Defining Independence
- Resident Statement

This packet also includes the disclosure form you need to fill out and the list of required documents you will need to turn in so we can calculate the cost of your care at the Arizona Pioneers' Home. We call this cost your Payment for Care.

- Resident Financial Disclosure form

Once you have these completed, please fill out the packet entitled Application for Admission.

As always, feel free to contact us with any questions.

Thank you,

Jeanette Means
Administrative Services
Arizona Pioneers' Home
928-277-2721
jeanette.means@aph.az.gov

QUALIFYING REQUIREMENTS

Thank you for your interest in the Arizona Pioneers' Home! Let's make sure you qualify. As a Pioneer, you must meet the following criteria:

Arizona Pioneer – ARS 41-923:

- A. A person of good character is eligible to be admitted to the Arizona pioneers' home who:
 - 1. Is and has been for a period of five years prior to his application for admission a citizen or legal Resident of the United States.
 - 2. Has been a Resident of this state for not less than fifty years.
 - 3. Has reached the age of seventy or more years.
 - 4. At the time of admission, is ambulatory, has proper bowel and bladder control and is able to bathe, clothe and feed himself without assistance.
 - 5. At the time of admission, does not require care in a hospital or in a skilled care or intermediate care nursing home.
- B. An applicant for admission to the home shall submit to the superintendent a verified financial statement showing all assets and income, a social and health history and the results of a current medical examination on forms furnished or approved by the superintendent.
- C. The superintendent may admit a person to the home when a full examination and investigation reveal that the person possesses the qualifications prescribed by this section.
- D. A person admitted to the Arizona pioneers' home shall pay to this state, to the extent that he is financially able to do so, the cost incurred by this state for his care. The cost shall be paid monthly to the superintendent and shall not be in excess of the average monthly per capita cost of operating the home based on the average number of persons then residing at the home during the year. A person who neglects or refuses to reimburse this state as required under this subsection shall not be permitted to reside at the home during the continuance of this neglect or refusal to pay. This subsection applies only to those persons admitted to the home after August 11, 1970.
- E. In determining the cost to the person, the superintendent shall consider the same factors for each person and shall include all assets and income of the person including the fair market value of any asset owned by the person and disposed of during residency or within two years before admission to the home. The superintendent shall verify all applicant and Resident financial information.

Please read the page entitled "Defining Independence". If you meet the requirements listed on that page, and all the above, please keep reading!

If you worked as a miner in the state of Arizona, please call to find out if you qualify as a Miner and to ask for the Miner Application.

Please call with any questions. **928-277-2721**

ARIZONA PIONEERS' HOME
DEFINING INDEPENDENCE

Name: _____ DOB: _____

As a **NEW RESIDENT** admitted as a "Pioneer" you must complete a 60-day Adjustment Period in which you must remain independent in order to become a permanent Resident of the Arizona Pioneers' Home. In order to ensure understanding, we have developed the following so that you may understand what the Home considers independence/independent and what you need to be able to demonstrate to complete the Adjustment Period successfully. It is not all inclusive but covers most of what nursing will evaluate you on. *Note: If due to illness or injury you temporarily require additional care such as Arizona Pioneers' Home infirmary, hospital, or rehabilitation facility, once your independent abilities are regained, your 60-day Adjustment Period may be extended by the number of days you were in the infirmary or out of the Arizona Pioneers' Home.*

As a **1st and 3rd FLOOR PERMANENT RESIDENT**, MINER OR PIONEER, you must maintain your independence in order to remain on what is considered an independent floor of the Home. The following criteria shall also be considered in determining if you should move to the 2nd floor for infirmary care.

- 1) Able to demonstrate continence or ability to manage bowel and bladder incontinence independently, no commodes permitted. Able to change and dispose of soiled briefs or pads in a sanitary manner by placing in a sealed bag and placing in garbage container. Ability to clean self, clothes and linens if incontinent and/or use a urinal and disposing of urine in the toilet and rinse in designated station only. Room must remain odor free.
- 2) Able to bathe or shower independently and safely twice weekly and shampoo own hair at least once weekly. Ability to enter into shower stall or tub, turn water to a safe temperature and exit shower stall or tub without assistance from any other person. Able to dress in clean clothes after bathing/showering.
- 3) Ability to ambulate independently and safely (with or without walker and/or cane) from designated room to lobby, dining room, or North Infirmary. No wheelchairs permitted on the 1st and 3rd floors. Able to ambulate safely outside of building to doctor appointments, work the elevator without assistance and navigate stairs in case of an emergency.
- 4) Ability to locate important/significant areas of the facility - meaning your assigned room, nurse's station, lobby, restrooms and dining room without verbal or physical cues within two weeks of admission. Able to evacuate facility during an emergency with minimum verbal or physical cues.
- 5) Able to maintain room cleanliness by keeping items picked up off of the floor, making bed daily, washing linens weekly & as needed, take garbage out to larger cans in the hallway, place incontinence pads and briefs tied up in smaller bags into the larger cans. Small items must be moved out of the way in order for housekeeping to clean the floors each week.
- 6) Ability to care for your physical needs without assistance from others. Able to bathe, toilet, transfer, ambulate, feed, groom and dress yourself without assistance from others. Must attend at least two of the three daily meals each day in dining room.
- 7) Able to manage day to day activities both physically and cognitively without excessive verbal cues.

I have received the foregoing and have had an opportunity to ask questions.

Signature of Resident/Resident's Representative _____ Date: _____

RESIDENT STATEMENT

Name: _____

DOB: _____

AUTHORITY: A.R.S. 41-923

TO THE SUPERINTENDENT, ARIZONA PIONEERS HOME:

IN MAKING APPLICATION TO THE ARIZONA PIONEERS' HOME, I DO RESPECTFULLY SHOW THAT I HAVE BEEN A CITIZEN OF THE UNITED STATES FOR (5) YEARS PRIOR TO THE DATE OF APPLICATION; HAVE BEEN A RESIDENT OF ARIZONA FOR NOT LESS THAN FIFTY (50) YEARS PRECEDING THE DATE OF THIS APPLICATION; AND HAVE REACHED THE AGE OF SEVENTY (70) OR MORE YEARS; AT THE TIME OF ADMISSION TO THE HOME, DO NOT REQUIRE HOSPITAL CARE, SKILLED NURSING, OR INTERMEDIATE NURSING CARE.

I HAVE LISTED ON THE NEXT PAGE THE PLACES IN ARIZONA WHICH I HAVE RESIDED TO MEET THE 50 YEARS OF AZ STATE RESIDENCY. THEREFORE, I RESPECTFULLY REQUEST THAT I BE ENTITLED TO BECOME A RESIDENT OF THE ARIZONA PIONEERS' HOME IF IT APPEARS THAT I POSSESS ALL THE QUALIFICATION LISTED ABOVE.

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

ADDRESS OF APPLICANT

> FRIEND STATEMENT <

I, _____ (APPLICANT'S FRIEND), BEING DULY SWORN, DEPOSE AND SAY THAT I
KNOW _____ (APPLICANT), AND THAT HE/SHE TRUTHFULLY MEETS
THE ABOVE QUALIFICATION.

FRIEND'S SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20_____

(SEAL)

NOTARY PUBLIC

RESIDENT STATEMENT – Continued

Name: _____

DOB: _____

Year From	Year To	City/Town/State	During these years did you:
			<input type="checkbox"/> File taxes <input type="checkbox"/> Own/rent property <input type="checkbox"/> Attend school/work <input type="checkbox"/> Pay utilities <input type="checkbox"/> Have an AZ state DL or ID <input type="checkbox"/> Other
			<input type="checkbox"/> File taxes <input type="checkbox"/> Own/rent property <input type="checkbox"/> Attend school/work <input type="checkbox"/> Pay utilities <input type="checkbox"/> Have an AZ state DL or ID <input type="checkbox"/> Other
			<input type="checkbox"/> File taxes <input type="checkbox"/> Own/rent property <input type="checkbox"/> Attend school/work <input type="checkbox"/> Pay utilities <input type="checkbox"/> Have an AZ state DL or ID <input type="checkbox"/> Other
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			<input type="checkbox"/> File taxes <input type="checkbox"/> Own/rent property <input type="checkbox"/> Attend school/work <input type="checkbox"/> Pay utilities <input type="checkbox"/> Have an AZ state DL or ID <input type="checkbox"/> Other

Please attach a separate sheet if additional space is needed or if any explanation of circumstances is necessary.

I understand the Arizona Pioneers’ Home may require documentation to verify Arizona Residency.

Applicant’s signature: _____ Date: _____

Payment for Care

ARIZONA PIONEERS' HOME PAYMENT FOR CARE CALCULATION POLICY

POLICY: It is the policy of the Arizona Pioneers' Home that each Resident shall pay, to the extent that they are financially able to do so, the cost incurred by the State of Arizona for their care as stated in A.R.S. 41-923-D, E.

AUTHORITY: A.R.S. 41-923-D, E

A person admitted to the Arizona Pioneers' Home shall pay to this state, to the extent that he is financially able to do so, the cost incurred by this state for his care. The cost shall be paid monthly to the superintendent and shall not be in excess of the average monthly per capita cost of operating the home based on the average number of persons then residing at the home during the year. A person who neglects or refuses to reimburse this state as required under this subsection shall not be permitted to reside at the home during the continuance of this neglect or refusal to pay. This subsection applies only to those persons admitted to the home after August 11, 1970.

In determining the cost to the person, the superintendent shall consider the same factors for each person and shall include all assets and income of the person including the fair market value of any asset owned by the person and disposed of during residency or within two years before admission to the home. The superintendent shall verify all applicant and Resident financial information.

CALCULATION OF PAYMENT FOR CARE

All sources of income added together
- \$300.00 Resident Spending Allowance Deduction
<hr/>
= Total Countable Income
- All Allowable Credits added together
<hr/>
= Payment for Care per month
+ Additional Services if applicable (cable or infirmary)
<hr/>
= Total monthly payment

- ▶ Residents (except qualifying miners) are required to pay, to the extent that they are financially able to do so, the cost incurred by the State of Arizona. A.R.S. 41-923 (D).
- ▶ At the Arizona Pioneers' Home, per the above Arizona Revised Statute, the cost of living here is income based and we offer certain credits, that will lower the amount of Payment for Care that a Resident pays every month, which is recalculated annually or anytime a Resident's income changes.
- ▶ The calculations of assets that have income potential are included as monthly income.
- ▶ Payment for Care is recalculated annually and any time a resident's income or approved credits change. The resident/resident representative is required to sign and submit the recalculation following review.
- ▶ The following Income/Credits chart shows what income is counted and what credits are offered. Any income received, even if not on the list, is reportable.
- ▶ The Payment for Care calculation is as follows:
 - ◆ All sources of income are added together (monthly, quarterly, annually and occasional income).
 - ◆ The Resident Spending Allowance Deduction of \$300.00 is subtracted from the total income and the remaining amount is the Total Countable Income.
 - ◆ Allowable credits are added together.
 - ◆ We then subtract the total allowable credits from the total countable income and the remaining amount (your Payment for Care) is what a resident pays to live at the Arizona Pioneers' Home.
 - ◆ We then add extra services, if applicable, to the Payment for Care amount, and this is your monthly payment. The extra services available are:
 - Cable TV: currently \$17.00 per month.
 - Infirmary charge: currently \$125.00 per month.

INCOME	CREDITS
Social Security/SSI payments	Health insurance premiums:
Wages	- Supplement/Part D
Income/profit from owning a business	- Advantage Plan
Pensions	- Dental/vision/hearing
Annuities	- Hospital Insurance
Dividends	
RMD (mandatory deduction from investments)	Burial plan or life insurance plan payments
Rental property income	
Federal/State income tax refunds	
Interest earned: Checking/savings/credit union accounts	
Interest earned: Money market accounts	
Interest earned: Owned house/property	
Interest earned: Sale of house/property	

DOCUMENTATION

Income

- ▶ See the Income/Credits chart above for the list of what income is countable.
 - **Income sources:** We will need bank/financial statements for the most recent three (3) months prior to the date of the Application for Admission, and tax documents showing any income (monthly or annual), and documentation from any of the sources listed below.
 - **Social Security Benefit Letter:** The Social Security Administration sends out a Benefit Letter every December which will show the new amount the applicant will receive for the new year.

Credits:

- ▶ See the Income/Credits chart on the previous page for the list of what credits are offered.
- ▶ In order for the Arizona Pioneers' Home to give the credits listed in the chart, we need to have a copy of the bill for the service, *and* bank statements showing the date and dollar amount of the payment for the service...we need to see the actual transaction on the bank statement.
- ▶ *In order to qualify for any credits that will reduce the amount of your Payment for Care, you must show three months of payment transactions for premiums that are paid monthly.*

The Resident Financial Disclosure Form

- ▶ The Residential Financial Disclosure form is included with your Payment for Care packet.
- ▶ This form is required annually and must be completed and signed by either the resident or the resident's representative.
- ▶ Completing the Resident Financial Disclosure form:
 - Fill out in detail.
 - ◆ The last four (4) numbers of each financial account number are required. List them in the Account Information section on the first page.

- Return with copies of the required documentation.
 - ◆ The complete list of required documentation is on page twelve (12).
 - ◆ *For every entry you put on the Disclosure form, a financial statement/document is required to go with it.*
 - ◆ Sort through the statements before turning them in and make sure they match what was filled in on the Resident Financial Disclosure Form.
 - ◆ **Only FULL statements will be accepted.** Please do not turn in partial statements, just the 1st page of a statement, screenshots of transactions, or photos of all or parts of the statements. *Anything other than full statements will not be accepted.* For auditing purposes, if the statement says “1 of 6 pages”, we must have all 6 pages.
 - ◆ *If you don't have the bank/financial statements for whatever reason, there are two ways to get copies of statements.*
 - You can either call the bank/financial institution and ask them to mail the statements to you, and you turn them in.
- Or**
- If you follow your bank/financial accounts online, you can download the statements and then email them

REQUIRED DOCUMENTS LIST

A statement for each of the following is required:

INCOME:

- ❑ **BANK ACCOUNTS:** Bank/financial statements for ALL active checking, savings and money market accounts for the most recent three (3) months prior to the date of the Application for Admission. Account numbers on bank/financial statements can be blacked out... if you do so, leave the last 4 numbers visible.
- ❑ **TRUST:** We require copies of legal documents declaring what assets/accounts are contained within, who the trustee is and who the beneficiaries are.
- ❑ **SOCIAL SECURITY:** The Social Security Benefit Letter was sent out in December to everyone by the Social Security Administration.
- ❑ **WAGES:** All wages are considered income. We need copies of your last three (3) paychecks.
- ❑ **IF YOU OWN A BUSINESS:** All profit generated by a business is considered income. You will need to turn in the most recent three months of all checking, savings, money market accounts, and any other financial accounts related to your business. We also require a copy of the previous year's State and Federal taxes for your business. We need a copy of the FULL return for both. Only the entire return will be accepted.
- ❑ **PENSION:** If you receive one or more pensions, a statement showing your monthly pension earnings for each account is required.
- ❑ **INVESTMENT INCOME (including ANNUITIES and/or DIVIDENDS):** Financial account statements for ALL active investment accounts are required showing the amount earned, the dates and the name of the company/financial institution. Turn in the most recent three (3) statements.
- ❑ **RETIREMENT PLAN AND IRA REQUIRED MINIMUM DISTRIBUTIONS:** Required minimum distributions (RMDs) are the minimum amounts you must withdraw from your retirement accounts each year. We will need a copy of the statement from the retirement plan or IRA that shows the RMD for the year 2024.
- ❑ **RENTAL PROPERTY INCOME:** If you receive rental property from a house or property, submit a copy of the rental agreement and the last three (3) months of statements for the account the income is deposited into.

- **FEDERAL/STATE TAX RETURNS:** If you filed State or Federal taxes for the previous year, we need a copy of the FULL return for both, even if you did not receive a refund. Only the entire return will be accepted.
- **CDs/INTEREST BEARING ACCOUNTS:** The most recent statement showing the interest earned for all accounts is required.
- **LOAN PAYMENTS OR RECEIVABLE PAYMENTS FROM OTHERS:** Documentation showing the amount earned, the dates and the name of the individual/company/financial institution is required.
- **HOUSE/PROPERTY VALUE:** The Resident Financial Disclosure has a section for the address of your house/property.
 - If the applicant owns/sold a house/property independently:
 - ◆ Current ownership: Fair Market Value of the house/property will be assessed and charge interest of 100% of the value and add this to the monthly income of the resident.
 - ◆ Any profits from the sale of a house or property (before or after admission to the Arizona Pioneers' Home), will not be considered as income.
 - ◆ Sale of house/property: Any profits from the sale of a house or property (before or after admission to the Arizona Pioneers' Home), will not be considered as income. If/when the house is sold (two years before or after admission), the interest earned on the monies from the sale of the house will be considered as income for two years after admission to the Home (whether or not the resident keeps the money).
 - If the house was jointly owned/sold between the applicant and any other person:
 - ◆ Current ownership: Fair Market Value of the house/property will be assessed and charge interest of 50% of the value and add this to the monthly income of the resident.
 - ◆ Any profits from the sale of a house or property (before or after admission to the Arizona Pioneers' Home), will not be considered as income.
 - ◆ Sale of house/property: Any profits from the sale of a house or property (before or after admission to the Arizona Pioneers' Home), will not be considered as income. If/when the house is sold (two years before or after admission), the interest earned on the monies from the sale of the house will be considered as income for two years after admission to the Home (whether or not the resident keeps the money).
- **ASSETS:** Have you disposed of any assets with a value greater than \$1000, (property or money) in the past 24 months? If yes, documentation from the individual/company/financial institution involved is required.

- **ACCOUNTS OR INCOME NOT LISTED ABOVE:** Statements showing the amount earned, the dates and the name of the company/financial institution are required.
- **CREDIT REPORT:** Per Arizona Pioneers' Home policy, prior to admission an applicant is required to furnish the Arizona Pioneers' Home with a credit history report. This report will be compared to the completed Residential Financial Disclosure to determine if there are additional debts. Potential Residents that have not listed all their debts shall be made aware that they will not be given credit to pay revolving charge card debts. Debts of this type must be paid out of the monthly spending allowance they are permitted to keep each month.
 - There are several ways to obtain a credit report. You only need to do ONE of these.
 - ◆ Online at <https://www.annualcreditreport.com/requestReport/requestForm.action>.
 - ◆ Call ONE of the three reporting companies. We only need ONE report.
 - Equifax 1 (888) 548-7878
 - Experian 1 (888) 397-3742
 - TransUnion 1 (800) 916-8800

CREDITS:

- **SUPPLEMENTAL HEALTH INSURANCE/PART "D" PAYMENTS:**
 - Supplemental Insurance:
 - ◆ The most current statement/letter for the premiums, which shows the amount you pay and how often you pay it (monthly, quarterly).
 - ◆ A bank statement for whichever account you pay it with (debit/checking/credit card)
 - Part D (Drugs): If this payment is not automatically taken out of your social security benefit each month *OR* it is not part of an Advantage plan, please turn in the following:
 - ◆ The most current statement/letter for the premiums, which shows the amount you pay and how often you pay it (monthly, quarterly).
 - ◆ A bank statement for whichever account you pay it with (debit/checking/credit card)
- **ADVANTAGE PLAN HEALTH INSURANCE PAYMENTS:**
 - A statement or letter that shows the insurance company, the amount you pay and how often you pay it (monthly, quarterly)
 - The most current statement for whichever account you pay it with (debit/checking/credit card).
- **DENTAL/VISION/HEARING INSURANCE PAYMENTS:**
 - A statement or letter that shows the insurance company, the amount you pay and how often you pay it (monthly, quarterly)

- The most current statement for whichever account you pay it with (debit/checking/credit card).
- **HOSPITAL INSURANCE PAYMENTS:**
 - A statement or letter that shows the insurance company, the amount you pay and how often you pay it (monthly, quarterly).
 - The most current statement for whichever account you pay it with (debit/checking/credit card).
- **BURIAL OR LIFE INSURANCE POLICY (ONE of these can be deducted from your Payment for Care):**
 - Remember: Either a burial plan payment OR a life insurance policy payment can be deducted from your Payment for Care...but not both
 - ◆ Burial Plan: If you have a plan that you are currently purchasing, provide a statement or documentation for it, so the credit may be applied to your Payment for Care. If you have a burial plan that is paid off, then you do not qualify for the credit.
 - OR**
 - ◆ Life Insurance Policy: if you are currently paying on a life insurance policy that has a face value of \$10,000 or less, provide a statement from the insurance company so the credit may be applied to your Payment for Care

Arizona Pioneers' Home
RESIDENT FINANCIAL DISCLOSURE

Resident's name: _____ DOB: _____

ACCOUNT INFORMATION

The last 4 digits of the account number for each account is required

Include financial accounts for all investments: stocks, bonds, mutual funds, certificates of deposit, real estate investment trusts, money market funds, commodities, futures, options or any other types of investments.

Type of Account	Last 4 digits of account #	Name of Financial Institution	Current Balance	Interest Rate % OR reinvested?
Checking			\$	
Checking			\$	
Savings			\$	
Savings			\$	
Money Market			\$	
Money Market			\$	
CD			\$	
CD			\$	
Retirement (IRA etc.)			\$	
Retirement (IRA etc.)			\$	
Brokerage or Investment			\$	
Brokerage or Investment			\$	
Other			\$	
Other			\$	

****Please write additional information on a separate page****

Arizona Pioneers' Home
RESIDENT FINANCIAL DISCLOSURE

Resident's name: _____ DOB: _____

INCOME SUMMARY

Dividends, interest and capital gains must be disclosed even if reinvested

SOURCE OF PAYMENT	NAME OF FINANCIAL INSTITUTION/COMPANY OR INDIVIDUAL	NET AMOUNT RECEIVED	Received MONTHLY, QUARTERLY, ANNUALLY? OR REINVESTED?
Social Security	Social Security Administration	\$	
Supplemental Security Income (SSI)		\$	
Disability payments		\$	
Wages		\$	
Income/profit from owning a business		\$	
Retirement/Pensions		\$	
Life Insurance payments		\$	
Annuities		\$	
Dividends		\$	
Brokerage/investment accounts		\$	
Retirement accounts, (includes RMD payments)		\$	
Rental property income		\$	
Federal/State income tax refunds		\$	
Other		\$	
Other		\$	
Other		\$	

***Please write additional information on a separate page**

Arizona Pioneers' Home
RESIDENT FINANCIAL DISCLOSURE

Resident's name: _____ DOB: _____

ASSETS

HOUSE/PROPERTY		
Address:		
<input type="checkbox"/> Currently own:		
Name on deed:		
Who currently lives there?	Amount of rent collected:	Rental contract expires on:
<input type="checkbox"/> Sold:		
Name on deed:	Date sold:	Contract sale price:

OTHER ASSETS:		
Have you disposed of any assets with a value greater than \$1000, (property or money) in the past 24 months? Item:	Date sold:	Sale price:

Arizona Pioneers' Home
RESIDENT FINANCIAL DISCLOSURE

Resident's name: _____ DOB: _____

CREDITS

HEALTH INSURANCE COVERAGE/PREMIUMS				
	NAME OF INSURANCE COMPANY	MONTHLY PREMIUM	PAID W/WHICH ACCOUNT?	Received MONTHLY, QUARTERLY OR ANNUALLY?
AHCCCS		\$		
Veterans Benefits	Veterans Benefits Administration			
Supplemental Insurance		\$		
Part "D" Insurance (Drug plan)		\$		
Advantage Plan (includes Part "D")		\$		
Stand-alone dental plan		\$		
Stand-alone vision plan		\$		
Stand-alone hearing plan		\$		
Stand-alone hospital plan		\$		
Other insurance plan:		\$		

ADDITIONAL CREDITS

NOTE: Either a burial plan payment **OR** a life insurance policy payment may be deducted from your Payment for Care...but not both.

TYPE OF POLICY	NAME OF INSURANCE COMPANY	MONTHLY PREMIUM	PAID W/WHICH ACCOUNT?	Received MONTHLY, QUARTERLY OR ANNUALLY?
Burial plan		\$		
Life Insurance		\$		

Arizona Pioneers' Home
RESIDENT FINANCIAL DISCLOSURE

Resident's name: _____ DOB: _____

I understand that the Arizona Pioneers' Home will give a credit on my Payment for Care each month for premiums that I pay for health insurance, dental/vision/hearing/hospital insurance and either a burial plan payment or life insurance payment - but only if they are listed on this form. I must also give the appropriate financial documents listed in this packet in order to qualify for the credits, which will effectively lower my Payment for Care. *I must show three months of payment transactions for premiums that are paid monthly in order to qualify for the credit.*

I certify that the statements I have made on this Resident Financial Disclosure are true, complete and correct to the best of my knowledge and belief.

Signature of Resident/Resident's Representative _____ Date _____

PERSON COMPLETING THE FORM (FOR FOLLOW-UP IF NEEDED):

Name: _____

Relation to the resident: _____

Phone: _____

Email: _____