



Financial Worksheet for Calculating an Adjusted Daily Rate Based on Resident's Ability to Pay
(Complete only if interested in a reduced daily rate)

Resident's Name: _____ Spouse: _____

Present address: _____

Note: *it is not necessary to complete the financial worksheet if resident or another party on his/her behalf will be paying the full daily rate.*

Monthly Income	Resident	Spouse	Total Amount
Social Security	_____	_____	_____
Pensions(s)	_____	_____	_____
Earnings	_____	_____	_____
Interest & Dividends	_____	_____	_____
Annuities, Trusts, IRA's	_____	_____	_____
Support	_____	_____	_____
Other Income*	_____	_____	_____
Explain: _____			Total Income \$ _____

Monthly Expenses (after move to Hospice Center)

Housing (rent and/or mortgage)	_____
Utilities (water, electric, gas, oil, phone) for resident	_____
Property tax/Insurance on above address	_____
Food/basic necessities	_____
Transportation (car payment, Insurance, gas, repairs)	_____
Other debt/loans	_____
Uninsured Medical Expenses	_____
Insurance payments (health, life, long-term care)	_____
Other, explain: _____	_____
Total Monthly Expenses: \$	_____

Total Monthly Income Less Total Monthly Expenses: \$ _____

Cash, near cash, assets – List and describe value of investments:

Item	Description/institute/acct number	Balance and/or current dollar value
Checking Accounts	_____	_____
Savings Accounts	_____	_____
Money Market Accounts	_____	_____
Certificates of Deposit	_____	_____
Stocks & Bonds	_____	_____
Liquid Investments	_____	_____
Other	_____	_____
Other	_____	_____
Less Allowance for contingencies	_____	\$2,000.00

Value of Liquid Assets to be considered in setting the adjusted Daily Rate _____

Other (non-cash) Assets – (list, describe & value investment)

Other Assets	Resident	Spouse	Fair Market Value
Real Estate, home	_____	_____	_____
Real Estate, other	_____	_____	_____
Cap Assets, vehicles	_____	_____	_____
Cap Assets, other	_____	_____	_____
Trusts, IRA's	_____	_____	_____
Other valuables	_____	_____	_____
Insurance benefits	_____	_____	_____
		Total Other Assets\$	_____

Less other Liabilities & Considerations to be met from above Assets

Mortgage Balance	_____	_____	_____
Vehicle Loan Balance	_____	_____	_____
Notes/Debts Balance	_____	_____	_____
Other Obligations	_____	_____	_____
Funeral/Burial	_____	_____	_____

Net Other Assets used in setting the deferred liability for House Services

I have, to the best of my abilities and knowledge, provided complete and accurate information on this form.

Signature of Resident/Agent	Printed Name	Date
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For purposes of this worksheet, which will become a part of the Resident Agreement, the following person is acknowledged to be the Resident's personal Representative who will become or will direct Hospice to the person who becomes the executor or administrator of the Resident's estate.

Name	Daytime Phone	Evening Phone
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Address _____

Resident & Guarantor agree to provide and hereby authorize Compass Regional Hospice to obtain and review all documents necessary to verify and or complete the financial information required. Minimum initial documents required are copies of the Resident's most recent bank statements. Compass Regional Hospice agrees to protect the confidentiality of all such information

