

# Resident Financial Responsibility Form

Resident Name \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Who is the resident's representative payee? \_\_\_\_\_

What is your relationship to the resident? \_\_\_\_\_ Court appointment? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Who will be responsible for the resident's assisted living services payment? \_\_\_\_\_

Is this responsible party a guardian? \_\_\_\_ if so, please, complete paragraph 14 of the *Admission Requirements for Incoming Residents* document. Does the guardian require a monthly invoice before payment can be made for assisted living services? \_\_\_\_ If so, by what day of the month should the invoice be received by the guardian to allow payment for the upcoming month? \_\_\_\_\_.

In the space below, please state the name and address to whom the invoice must be sent.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Is the resident private pay? \_\_\_\_ How much is his/her total monthly income? \_\_\_\_\_ If on Medicaid, how much is the monthly SS \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_ Auxiliary

Grant \$ \_\_\_\_\_ and other income? \_\_\_\_\_ Does the resident have a trust account? \_\_\_\_ If so, what type of trust is it? \_\_\_\_\_

Has the auxiliary grant been applied for? \_\_\_\_ approved? \_\_\_\_ If no, explain the disposition of the grant application \_\_\_\_\_

Auxiliary Grant checks should be made payable to The Madison and sent to:

120 Caroline Street

Orange, VA 22960

Our provider number is 0101241823

What is the county making the AG payment? \_\_\_\_\_

Who is the eligibility worker? \_\_\_\_\_ Tel \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_

Are there any other payments received by the resident (i.e. govt., trust, pension, etc)? \_\_\_\_\_  
If so, how much? \$ \_\_\_\_\_

Is the resident's SS, SSI or Auxiliary Grant checks being reduced because of unpaid alimony, child support or other responsible debts? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

---

At the present time, how much is the resident receiving monthly \$ \_\_\_\_\_ and where are the residents checks being sent? \_\_\_\_\_

Does the resident have any funds in any account where he/she is currently residing? \_\_\_\_\_

If yes, how much \$ \_\_\_\_\_

What is the name of the account holder? \_\_\_\_\_

Are the resident's checks being directly deposited into a financial institution account? \_\_\_\_\_

If so, what is the name of institution? \_\_\_\_\_

If a paper check is being received by The Resident or Rep. Payee from Social Security, we will need the original check as of first month's payment.

Signature of person completing this form \_\_\_\_\_

Date form completed \_\_\_\_\_

THIS FORM MUST BE COMPLETED AND FAXED TO THE MADISON WITH THE UAI IN ORDER FOR THE RESIDENT TO BE CONSIDERED FOR ADMISSIONS. OUR FAX NUMBER IS 540-518-9041.