



Please return to:

Noble Horizons
17 Cobble Rd. Salisbury, CT 06068
Phone: 860-435-9851 X133
Fax: 860-435-0636
www.noblehorizons.org

☐ **Short-term Rehab** ☐ **Long-term placement**

Name _____ (Maiden) _____

Mailing address _____

Email address _____ Phone _____

DOB _____ Social Security # _____ Sex M ☐ F ☐

Do you manage your own financial matters? Yes ☐ No ☐

Responsible Party _____

Power of Attorney _____ Healthcare Agent _____

Contact person #1 _____ Relationship _____

Mailing address _____

Email address _____ Phone _____

Contact person #2 _____ Relationship _____

Mailing address _____

Email address _____ Phone _____

Have you had a hospital stay in the past 90 days? Yes ☐ No ☐

If yes, where and dates of admission and discharge

Have you received any occupational, Physical, or speech therapy since January? Yes ☐ No ☐

If so, where and dates of admission and discharge

Financial information is required and confidential.

Approximate monthly income

Social Security \$ _____ VA benefits _____

Pension \$ _____ Others \$ _____

Bank Accounts: -Type _____ Approx. amount _____

-Type _____ Approx. amount _____

Property Type _____ Value \$ _____

Has there been any disposition or transfer of assets within the last 60 months?

Yes ☐ No ☐

Have you applied for CT Medicaid? Yes ☐ No ☐

Date _____ Client ID # _____

For more information, please contact _____ Relationship _____

If you are applying for short-term rehab, please describe your plan after you leave rehab _____

I certify the above to be true to the best of my knowledge.

Applicant/ family signature _____ Date _____

Relationship _____

All information provided is confidential. You and your contacts will receive publications and annual appeals from Noble Horizons unless you direct us otherwise.

Any questions, please contact:

Rae Etting, Director of Admissions, at 860-435-9851 X133, fax 860-435-0636

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