



## REGINA NURSING CENTER

550 East Fornance Street  
Norristown, Pennsylvania 19401-3561  
(610) 272-5600

I, \_\_\_\_\_, Responsible Party for \_\_\_\_\_  
am currently applying for Medical Assistance benefits for my loved one. I have been  
made aware and I agree to forward all of my loved ones monthly income (Social  
Security, Pension, ect.) to Regina Nursing Center on a monthly basis.

Responsible Party Name \_\_\_\_\_ (print)

Responsible Party Signature \_\_\_\_\_

Date \_\_\_\_\_

Regina Nursing Center  
reginanursingcenter.org  
610-272-5600  
8/25/09