

APPLICATION FORM

Before a prospective Resident is to be admitted or placed on the official waiting list, the Facility Admissions Committee must approve the application, which contains all the information requested below.

UNIT applying for? Circle one (NURSING CARE, ASSISTED CARE, SECURE CARE, RAPID PACE REHAB)

A. IDENTIFICATION

Applicant _____ D.O.B. _____
 Marital Status _____ Sex _____ Age _____ Social Security # _____
 Medicare # _____ Medicaid # _____
 Present Address (Hospital, Home) _____
 Social Worker inquiring about admission? _____ Phone # _____
 Next of Kin? _____ Relationship? _____ Phone # _____
 Address _____
 Second Contact _____ Relationship? _____ Phone # _____
 Legal Representative _____ Relationship? _____

B. MEDICAL INFORMATION

Physician _____ Phone # _____
 Diagnosis _____
 Condition (alert/confused, continent/incontinent, ambulatory, special diet, sensory deprivation?) _____

C. FINANCIAL INFORMATION

1. Private Pay? _____ Who is in charge of finances? _____
2. Medicare: The Facility is Medicare certified and so is a provider of benefits to residents under that program. Please provide your Medicare number and coverage (A or B). Note that it is only of a limited nature in a Nursing Home; it was never designed to cover long-term care. See the Admissions Agreement (3B).
3. Medicaid: The Facility is Medicaid certified, and so is a provider of benefits under that program. Please indicate the applicant's status now, and when -in terms of months- it is anticipated that the resident will have to apply for Medicaid. _____

4. Other: If the applicant has other arrangements for payment (Nursing Home insurance, VA status, etc.) please indicate:

D. PARTICULAR INFORMATION

Room: (Private, Semi-Private, Either?) _____

Transfer Arrangements? _____

Other Information: _____

I wish to have a Resident Information packet sent to _____

E. APPLICANT'S REQUEST I request that the above applicant be admitted to Jenkins Memorial Health Facility or the name be placed on the official waiting list. I understand this places me, the Applicant, family or legal representative under no obligation to the Facility. I vouch for the accuracy of the above information. If it changes, I will inform the Facility since those changes may rescind the Applicant's approval. To remain on the waiting list, I shall inform the home at least every 90 days.

Signature of Applicant or Representative _____

Date _____

FOR FACILITY USE ONLY BELOW THIS LINE

The application was acted upon by the Admissions Committee as follows:

Date _____ *Notified to contact Facility every 90 days to remain on list?

_____ *Sent resident information packet per request? _____

Contacted by & date: _____