

APPLICATION FOR ADMISSION

1. Name: _____ Maiden Name: _____
2. Address: _____ Social Security #: _____

Telephone #: _____
(City) (State) (Zip code) Email Address: _____
3. Sex: M _____ F _____ Present Age _____ Birth date: _____
4. Marital Status: _____ Number of Surviving Children: _____
5. Names of living relatives or friends: (Circle two to be notified in an emergency)
 - a. Name: _____ Relationship _____ Address _____

Phone # Home: _____ Business: _____
Occupation: _____ Email Address: _____
 - b. Name: _____ Relationship _____ Address _____

Phone # Home: _____ Business: _____
Occupation: _____ Email Address: _____
 - c. Name: _____ Relationship _____ Address _____

Phone # Home: _____ Business: _____
Occupation: _____ Email Address: _____
 - d. Name: _____ Relationship _____ Address _____

Phone # Home: _____ Business: _____
Occupation: _____ Email Address: _____
6. Occupation and Employment:
 - a. Usual occupation or profession: _____
 - b. Employer name: _____
 - c. Date of retirement: _____
 - d. Veteran Yes _____ No _____ Branch of Service: _____
7. General Information:
 - a. What is the intention of your requested admission:
 - i. Long Term: _____
Remainder of life: _____
 - ii. Short Term - rehabilitation and return to community? _____
 - b. Does a "Power of Attorney" exist for the applicant: Yes _____ No _____
If yes, what type and who holds: (please provide a copy to Rheems)
General Power of Attorney: _____
Durable Medical Power of Attorney: _____
Limited Power of Attorney: _____
Name of person holding Power of Attorney: _____
Address: _____
Phone #: _____
 - c. If no, please list those who handle the affairs of the applicant in order of priority:
Name: _____ Name: _____
Address: _____ Address: _____

Phone #: _____ Phone #: _____

- d. Does a "Living Will" exist? Yes ___ No ___ (If yes, please provide a copy to Rheems)
If no, is there any intent to execute a Living Will if capable? Yes ___ No ___
- e. Real Estate: List all properties owned by applicant. (If more space is needed, please use the back of the form) _____

What is the Applicant/Applicant's families intention regarding the above property?

- a) Sell and use proceeds to pay for care at Rheems? _____
- b) Retain for applicant to return to after rehabilitation _____

8. Financial Summary

a. Present monthly income:

Social Security \$ _____
 Private Pension \$ _____
 Veteran's Pension \$ _____
 Railroad Retirement \$ _____
 Other \$ _____
 \$ _____
 Total \$ _____

b. Present monthly income for investments:

Investment	Monthly Int/Div	Annual Int/Div
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

c. Please list all bank accounts:

Name and Address of Bank	Account numbers	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

d. Please list all stocks, bonds, and other similar assets of the applicant:

Name	# of shares	Present market value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

e. Financial Information:

a. Have you or your spouse transferred any assets into a trust in the past 5 years?

Yes ___ No ___

If yes, please explain: _____

b. Are any assets jointly owned between the applicant and other parties or individuals?

Yes ___ No ___ If yes, please list completely: _____

c. In the past 5 years have you or your spouse closed, given away, sold or transferred any assets such as: a home, land, personal property, life insurance policies, annuities, bank accounts, certificates of deposit, stocks, IRA, bonds or a right to income? Yes ___ No ___

If yes, please list completely:

Assets	Present Market Value
_____	\$ _____
_____	\$ _____

_____ \$ _____

- f. Do any life estates, trusts or similar documents exist which may have an impact on the applicant? Yes ___ No ___
- g. Does the applicant have any debts or obligations? Yes ___ No ___
If yes, please specify: _____

9. Health Insurance Information:

- a. Medicare Number: _____
- b. Blue Cross Number: _____
- c. Blue Shield Number: _____
- d. Other: Name: _____
Number: _____
- e. Medical Assistance:
Does the applicant presently have Medical Assistance? Yes ___ No ___
If yes, what type and number:
Community M.A. _____
Long Term Care M.A. _____
Other (specify) _____
If no, have you applied: Yes ___ No ___
If yes, what county? _____
Caseworker: _____
When applied: _____

10. Burial arrangements:

- a. Preferred Funeral Home: _____
Address: _____ Phone: _____
- b. Person responsible for funeral arrangements or burial responsibility:
Name: _____ Address: _____ Relationship: _____
Telephone Number: Business: _____ Home: _____
- c. Are funeral services pre-paid? Financial Arrangements?: _____
- d. Religious arrangements?: _____

11. Reason for application: _____

At Elizabethtown Nursing & Rehab Center & Rheems Personal Care Home, no person shall on the grounds of race, color, religion, age, sex, national origin, ancestry, or disability, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination in the provision of any care, service or admission.

According to my best knowledge and belief, the foregoing information is true and accurate. I understand that all pertinent information primarily but not limited to medical and financial matters must be disclosed fully whether specifically requested or not.

Signature of Person Acting for applicant Date

Signature of Applicant Date