



**APPLICATION FOR ADMISSION FOR
MARKESAN RESIDENT HOME, ANNA'S HOUSE
& NORTH TERRACE**

Please answer all the questions as accurately and as completely as possible. The information you provide is for staff use only. It will be held in the strictest confidence.

Date: _____

Personal Information

Name: _____
(Last) (First) (MI) (Maiden)

Home Address: _____
(Street) (City) (State/Zip)

County: _____ Phone Number: _____

Name of those living with the applicant (relationship): _____

Where did the applicant live most of his/her adult life: _____

Presently at: Home: _____ Other living arrangement: _____

Hospital (name): _____

Since when? _____

Has the applicant ever lived in any retirement, nursing home or swing bed? _____

If yes, where and when? _____

Date of birth: _____ Sex: male female Age: _____

Place of birth: _____ Marital Status: S M W D

Marriage date: _____ Name of spouse: _____

Address of Spouse, if living: _____

(if deceased - date of death)

Religion/Church Affiliation: _____ Pastor: _____

Address: _____ Phone: _____

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Funeral Home: _____ Phone: _____
Address: _____

Do you have a burial trust established? _____

Notify in Case of Emergency - Please list three in order of priority.

1. Name: _____ Relationship: _____
Address: _____
Phone (Home): _____ (Work): _____
2. Name: _____ Relationship: _____
Address: _____
Phone (Home): _____ (Work): _____
3. Name: _____ Relationship: _____
Address: _____
Phone (Home): _____ (Work): _____

Other Family Information

Father's Name: _____ Mother's Name (Maiden): _____
Birthplace: _____ Birthplace: _____
Age (or date of death): _____ Age (or date of death): _____
Cause of death: _____ Cause of death: _____

Brothers and Sisters (Please note whether living or deceased, & address if living):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Children (Please list both living or deceased, give address & phone number):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Significant Others (Name, address, phone number, relationship/agency):

1. _____
2. _____

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Former Occupations: _____

Date retired: _____ Education (grade completed): _____

Lodges, Clubs, Veteran's Organizations and Community Activities: _____

Military Service: _____

Activities and Hobbies that the applicant is or was interested in:

sports	gardening	pets	reading
sewing	cards/games	crafts	handiwork
radio	TV/movies	music	woodworking
walking	fishing	auto rides	

Health Information

Primary physician: _____

Date last seen: _____

Other physicians or specialist: _____

Date last seen: _____

Dentist: _____

Date last seen: _____

Advanced Directives - Please circle any of the following that have been executed:

- | | |
|--|---------------------------------|
| 1. Living Will | 6. Medication Restrictions |
| 2. Power of Attorney for Healthcare | 7. Other Treatment Restrictions |
| 3. Do not Resuscitate (No Code) | 8. Organ Donations |
| 4. Do not Hospitalize | 9. Autopsy Requests |
| 5. Feeding Restrictions | |

Is there pertinent health information that would be helpful for us to have to better provide care for the applicant? Please include that information on a separate sheet.

Application for Admission

Does the applicant have a legal:

- | | | |
|--------------------------------|-----|----|
| 1. Financial Power of Attorney | yes | no |
| 2. Durable Power of Attorney | yes | no |
| 3. Guardian | yes | no |

Name: _____ Phone: _____

Address: _____

- Papers verifying the above will be necessary at the time of admission.

Financial Information:

Private Pay: _____ Medical Assistance: _____ SSI: _____

Medicare: _____

Medicaid: _____

Social Security Number: _____

Other Health Insurance: _____

- Please provide copies of insurance cards, or the facility can make copies for you.

Monthly income: (Social Security, SSI, Veterans Benefits, Pensions, Interest, Dividends, Annuities, Rent, Other)

Source:	Amount:
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
Total	\$ _____

Assets: (Checking, Savings, CD's, Stocks, Bonds, Other)

Source:	Amount:
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
Total	\$ _____

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Has there been a divestment in the past 36 months? yes no

Federal Law, entitled **The Spousal Impoverishment Act**, provides some financial protection to a nursing home resident's spouse who remains in the community. If you need information on taking advantage of this Act, our Social Worker/Admissions Coordinator will be happy to provide information to you.

To whom should the bill be sent?

Name: _____ Phone: _____

Address: _____

I hereby give consent of release of the Applicant's Medical information as needed for admission purposes. I have correctly answered all questions to the best of my knowledge.

Applicant: _____ Date: _____

_____ Date: _____
Authorized Signature

All programs and services shall be made available without regard to race, color, creed, gender, national origin or other unlawful grounds.