

# Application for Admission

## Nazareth Living Center

Please Check One ..... Assisted Living \_\_\_\_\_ Skilled Nursing \_\_\_\_\_

Date Applied \_\_\_\_\_ Admission Date \_\_\_\_\_  
Date Approved \_\_\_\_\_ Room # \_\_\_\_\_

Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Medicare # \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Medicaid # \_\_\_\_\_  
Present Location \_\_\_\_\_ Former Occupation \_\_\_\_\_  
Referred by \_\_\_\_\_ Responsible Party \_\_\_\_\_  
Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
Marital Status (circle) M W D S \_\_\_\_\_ Address \_\_\_\_\_  
Birthplace \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Religion \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Education \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

To be notified in case of emergency: (Name, Address, Phone, Relationship) *List Two.*

1. \_\_\_\_\_  
2. \_\_\_\_\_

Children (Name, Address, Zip, Phone)

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Military Service: Branch \_\_\_\_\_ Date \_\_\_\_\_

### FINANCIAL INFORMATION

Social Security Income per Month \_\_\_\_\_  
Public Assistance Grant per Month \_\_\_\_\_  
Caseworker's Name and Office \_\_\_\_\_

### OTHER MONTHLY INCOME

Trust Fund \_\_\_\_\_ Dividends \_\_\_\_\_  
Government Pension \_\_\_\_\_ Interest \_\_\_\_\_  
Private Pension \_\_\_\_\_ Salary \_\_\_\_\_ Other \_\_\_\_\_

### RESOURCES

Bank \_\_\_\_\_ Type \_\_\_\_\_ Balance \_\_\_\_\_  
Bank \_\_\_\_\_ Type \_\_\_\_\_ Balance \_\_\_\_\_  
Bank \_\_\_\_\_ Type \_\_\_\_\_ Balance \_\_\_\_\_

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### REAL ESTATE

Location	Value	Owned by Self, Spouse or Both	Co-Owner	Mortgage

Stocks and Bonds: *Please indicate approximate current market value.*

\_\_\_\_\_

\_\_\_\_\_

Who manages your financial affairs? \_\_\_\_\_

Does anyone have your Power of Attorney? . . . . Yes \_\_\_\_\_ No \_\_\_\_\_ Who? \_\_\_\_\_

Does anyone have legal guardianship? . . . . . Yes \_\_\_\_\_ No \_\_\_\_\_ Who? \_\_\_\_\_

Life Insurance Company	Beneficiary	Policy #	Value

### HOSPITALIZATION

	Certificate #	Group #	Benefit Code
Blue Cross _____			
Blue Shield _____			
Other _____			

Current Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Will this physician care for you while at Nazareth Living Center? . . . . . Yes \_\_\_\_\_ No \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Does applicant have a Living Will? . . Yes \_\_\_\_\_ *If yes, please submit a copy.*

. . . . . No \_\_\_\_\_ *If no, would you like more information? . . . . Yes \_\_\_\_\_ No \_\_\_\_\_*

### BURIAL INFORMATION

In case of death, notify: Name \_\_\_\_\_ Phone \_\_\_\_\_

Name and address of funeral director \_\_\_\_\_ Phone \_\_\_\_\_

Has the funeral been prepaid? . . . . Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby voluntarily apply for admission to Nazareth Living Center. If I am admitted to this facility, I agree to comply with its rules and regulations, responsibilities and by-laws that may from time to time be established by it. I also expect the same consideration of rights stipulated in the Residents' Bill of Rights and Responsibilities. I understand that if admitted, I am to remain in Nazareth Living Center only as long as my stay is agreeable both to Nazareth Living Center and to me. Either of us has the absolute right to terminate my residence at any time, for any reason satisfactory to either of us.

I do warrant that all the foregoing statements, representations, and declarations made by me are true; that I have fully and fairly answered each question therein contained and that I have not concealed or misrepresented any material fact.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**It is the policy of Nazareth Living Center to provide all services to all residents without distinction as to race, creed, color, national origin, ancestry, religion, sex, handicap, marital or veteran status.**