

**ROSEWOOD MANOR AND LINCOLN TERRACE HOME**

**APPLICATION FOR ADMISSION**

For Prospective Resident: \_\_\_\_\_  
(Name)

*The information you provide on our application will help us to offer sensitive, professional and comprehensive care. For this reason, we ask that it be filled out completely.*

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Age: \_\_\_\_\_ Lifetime Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status: \_\_\_\_\_ If married, spouse's name: \_\_\_\_\_

Spouse's phone number: \_\_\_\_\_

If Applicant has children or next of kin, please list below with address and phone number or on additional sheet:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Religion: \_\_\_\_\_ Is religion an important aspect of Applicant's Life? Yes No

List of activities or interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accepts need for placement?: \_\_\_\_\_

**DOES THE APPLICANT NEED HELP IN THE FOLLOWING AREAS? (PLEASE EXPLAIN)**

Walking \_\_\_\_\_ Transferring \_\_\_\_\_

Bathing \_\_\_\_\_ Dressing \_\_\_\_\_ Grooming \_\_\_\_\_

Bowel Problem: \_\_\_\_\_

Bladder Problem: \_\_\_\_\_

Hearing (good, poor): \_\_\_\_\_ Hearing Aid: Yes No

Vision (good, poor): \_\_\_\_\_ Glasses: Yes No

Does Applicant use oxygen: Yes No If yes, how often: \_\_\_\_\_

Sleep Pattern: Sound Sleeper: \_\_\_\_\_ Up at night: \_\_\_\_\_ Naps in day: \_\_\_\_\_

**ROSEWOOD MANOR AND LINCOLN TERRACE HOME**

**DIETARY**

Feeds self: Yes No Needs assistance: \_\_\_\_\_

Appetite (good, fair, poor): \_\_\_\_\_ Weight: \_\_\_\_\_

**MEDICAL INFORMATION**

I. A. \_\_\_\_\_  
(Physician's Name) (Address) (phone number)

B. Medical Diagnosis: 1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_

C. Current medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Allergies (food, medications, etc.): \_\_\_\_\_

E. Applicant's last hospitalization: \_\_\_\_\_ Where: \_\_\_\_\_  
For what: \_\_\_\_\_ How Long: \_\_\_\_\_

F. Any special instructions to assist care providers with Applicant's care: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESIDENT LEGAL INFORMATION**

I. RESPONSIBLE PARTY AND/OR FAMILY MEMBER RESPONSIBLE FOR APPLICANT'S HEALTH CARE DECISIONS:

\_\_\_\_\_  
(Name) (Address) (phone number)

Relationship to Applicant: \_\_\_\_\_

II. RESPONSIBLE PARTY AND/OR FAMILY MEMBER FOR MANAGING APPLICANT'S FINANCIAL AFFAIRS:

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail address \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Business) \_\_\_\_\_

**ROSEWOOD MANOR AND LINCOLN TERRACE HOME**

**III. DOES THE APPLICANT HAVE ANY OF THE FOLLOWING? (IF YES, PLEASE PROVIDE A COPY)**

1. Living Will \_\_\_\_\_
  2. Durable Power of Attorney for Health Care \_\_\_\_\_
  3. Guardian \_\_\_\_\_
  4. Funeral Arrangements \_\_\_\_\_ If yes, please identify funeral home \_\_\_\_\_
- 

**RESIDENT FINANCIAL AND LEGAL INFORMATION**

**I. SOCIAL SECURITY INFORMATION:**

Social Security Number: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Part A: \_\_\_\_\_ Part B: \_\_\_\_\_

**II. ASSETS AND LIABILITIES:**

**A. Savings, Stocks, Bonds and Investments**

Please provide information about your investments:

<b>Description</b>	<b>Owner Name</b>	<b>Current Value</b>	<b>Name of Institution Holding Funds</b>
Savings/CDs			
Stocks/Mutual Funds (payment frequency)			
Bonds/Bond Funds (payment frequency)			

**ROSEWOOD MANOR AND LINCOLN TERRACE HOME**

**B. IRAs, 401(k) Plans and Roth IRAs**

Please provide information regarding your IRA and 401(k) Plans:

	<b>Description</b>	<b>Owner Name</b>	<b>Balance</b>
IRA (payment frequency)			
401(k) (payment frequency)			

**C. Life Insurance**

Please provide information for any life insurance policies:

	<b>Type of Policy</b>	<b>Owner Name</b>	<b>Cash Value</b>	<b>Death Benefit</b>
Policy #1			\$	\$
Policy #2			\$	\$
Policy #3			\$	\$

**D. Real Estate**

Please provide information for real estate:

	<b>Location and Type</b>	<b>Owner Name</b>	<b>Net Value</b>
Primary Residence			\$
Other			\$

**ROSEWOOD MANOR AND LINCOLN TERRACE HOME**

**E. Other Assets still owned or recently sold.**

Please list all other assets not listed above:

Description	Owner Name	Net Value
		\$
		\$
		\$

**F. Social Security**

Please provide information regarding your social security income. Circle your response for YES or NO questions.

	Owner Name	Monthly Income	Are you currently receiving social security income?	If not, when do you plan to begin drawing social security?
Social Security		\$	Yes or No	
Supplemental Security		\$	Yes or No	

**G. Pensions and Annuities**

Please provide information regarding your pension and annuity income:

	Description	Owner Name	Income	Date Began	Date Ends
Pension (payment frequency)			\$		
Pension (payment frequency)			\$		
Annuity (payment frequency)			\$		
Annuity (payment frequency)			\$		

**ROSEWOOD MANOR AND LINCOLN TERRACE HOME**

H. **Other Income Only**

Please provide information regarding other income in which you do not own any portion of the asset, such as alimony:

	<b>Description</b>	<b>Owner Name</b>	<b>Income</b>	<b>Date Began</b>	<b>Date Ends</b>
Other Income			\$		
Other Income			\$		
Other Income			\$		
Other Income			\$		

III. **DEBTS AND MONTHLY EXPENSES (PLEASE LIST ALL ITEMS SEPARATELY, ATTACH SEPARATE SHEET IF NECESSARY):**

Credit Cards \_\_\_\_\_ Amount Owed: \_\_\_\_\_

Mortgage Payments: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

Insurance Payments: \_\_\_\_\_ Taxes: \_\_\_\_\_

All Utilities (electricity, water/sewer, cable, telephone, etc): \_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION**

I attest, under penalty of perjury, that everything stated in this application is true and correct. Applicant warrants that all information contained in these documents is true and correct, and applicant understands that the owner has relied on this information in accepting resident for residency at the Facility. I understand that the Assisted Living Facility will check my bank references and credit history, and I authorize this. I also understand that the Assisted Living Facility considers this application as a continuing statement of financial condition and I agree to notify owner in writing of any substantial change in the above financial condition at least 90 days in advance. All of this information will be kept strictly confidential by the Assisted Living Facility. I agree that a photocopy shall have the full force and effect as the original of this application.

I hereby authorize my physician, hospital to release information from my health record. I understand this consent can be revoked at any time.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Signature of Applicant or Responsible Party

\_\_\_\_\_  
Date