

Application for Admission

Last Name: _____ First Name: _____ Middle: _____

Prefers To Be Called: _____ Gender: Male/Female

Age: _____ Date of Birth: _____ Birthplace: _____

Present Address: _____

Phone: (_____) _____ Currently Can Be Reached At :(_____) _____

Marital Status: _____ Spouse's Name: _____

Spouse's Address (if different): _____

Spouse's Phone: (_____) _____ Cell Phone: (_____) _____

Contact Person for Placement/Relationship: _____

Contact's Address: _____

Contact's Phone: (_____) _____ Cell Phone: (_____) _____

Please circle the service you're applying for:

- Glenwood Plaza
- Parkview Court
 - Assisted Living
 - Respite Care
- Glenwood Village Care Center

Physician _____ Dentist: _____

Hospital: _____ Pharmacy: _____

Eye Doctor: _____ Funeral Home: _____

Recent Hospitalization: Yes / No Date: _____ Place: _____

Reason: _____

Prior Nursing Home Placement: Yes / No

Date: _____ Place: _____

Short Health History: _____

Allergies: _____

Use Tobacco Products: Yes / No

Be advised that GRV is a tobacco free campus.

Education Level: _____

Former Occupations: _____

Church Affiliation: _____

Memberships: _____

Veteran: Yes /No Military Branch: _____

Years of Service: _____

Has this person ever been required to register as a predatory offender in this or any other state? Yes / No

Does this person have a history of physical/verbal assault? Yes / No

Other Safety or Behavior Issues: _____

Anticipated Payment Source:

- Private
- Medicare
- Medical Assistance
- Veterans Services
- Long Term Care Insurance
- Other: _____

Upon admission the resident must provide copies of all legal documents and insurance cards.

Social Security #: _____ Medicare #: _____

Medical Assistance #: _____ County: _____

Insurance Company: _____ Policy/Group #: _____

Financial Power of Attorney: _____

Address: _____ Phone: (____) _____

Healthcare Power Of Attorney: _____

Address: _____ Phone: (____) _____

Does applicant have a Living Will or Advance Directive: Yes / No

Guardian/Conservator: _____

Address: _____ Phone: (____) _____

I acknowledge that the above information is accurate. I understand that failure to provide information/providing false information may result in termination of the admission process.

Signature of applicant Date

Person completing form with applicant/Relationship Date

----- Office Use Only -----

Date Sent: _____ Date Received: _____

Date of admission: _____ Case #: _____

Admitted to:

- Glenwood Plaza
- Parkview Court
 - Assisted Living
 - Respite Care
- Glenwood Village Care Center