



# Nursing Center and/or Personal Care Admission Application

*Live gracefully at Baptist Homes*

Please Check One:                     Short-term care/rehabilitation                     Long-term care

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Marital Status \_\_\_\_\_ SSN \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Medicare # \_\_\_\_\_

Blue Cross No. \_\_\_\_\_ Blue Shield No. \_\_\_\_\_ Group No. \_\_\_\_\_

HMO Provider \_\_\_\_\_ ID No. \_\_\_\_\_ Group No. \_\_\_\_\_

Other Insurance \_\_\_\_\_ ID No. \_\_\_\_\_ Group No. \_\_\_\_\_

For what level of care are you applying?     Personal Care     Nursing     Alzheimer's Special Care

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Bus. Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Will you consent to have your physician release information to Baptist Homes regarding your health and medical needs?                     yes                     no

Do you have a living will?     yes                     no

Are you a veteran or otherwise eligible for Veteran's benefits?                     yes                     no

Your hospital preference: \_\_\_\_\_ Primary Care Doctor \_\_\_\_\_

Church affiliation: \_\_\_\_\_ Phone No. \_\_\_\_\_

Funeral Home: \_\_\_\_\_ Phone No. \_\_\_\_\_

Do you have a pre-paid burial?                     yes                     no                    If so, value: \$ \_\_\_\_\_

Have you made any organ donation decisions?                     yes                     no

If yes, please specify: \_\_\_\_\_

In the event we cannot reach you, please list a family member or friend who may be contacted on your behalf:

Additional Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Bus. Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

# Financial Information

Monthly Income:

Pension	\$	_____
Investment Income	\$	_____
Social Security	\$	_____
Other	\$	_____
SSI	\$	_____

TOTAL MONTHLY INCOME \$ \_\_\_\_\_

Value of personal assets, not including real estate:

Savings Account	\$	_____
Checking Account	\$	_____
Stocks & Bonds	\$	_____
Trust Funds	\$	_____
Surrender value of life insurance	\$	_____
Other	\$	_____

TOTAL LIQUID ASSETS \$ \_\_\_\_\_

Value of solely or jointly owned real estate, to your best estimate: \$ \_\_\_\_\_

Will the sale of this real estate be used to pay for your care?  yes  no

Is anyone other than yourself legally authorized to handle your financial and/or personal matters?

yes  no

If yes, please explain (power of attorney, guardian, etc.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Business Phone \_\_\_\_\_

Who should receive billing statements if you become a Baptist Homes resident?  Self  Other (please list:)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Bus. Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Signature of Applicant/Preparer \_\_\_\_\_ Date \_\_\_\_\_

This form does not create any contractual obligation between the applicant and Baptist Homes, nor does this form bind either party to admission.

Baptist Homes complies with the provisions of the Federal Civil Rights Act of 1964 and the Pennsylvania Human Relations Act, and affirms that no person shall, on the grounds of race, color, national origin, religious creed, ancestry, age, sex or handicap, be excluded from participation in or the benefits of any service or care.

NOTE: Baptist Homes is designated a smoke-free campus.

