

APPLICATION FOR ADMISSION

Note: In order to be eligible to become a resident at The Homestead, an applicant must be in reasonably good health for their years, with no major medical conditions. In addition to this application, we require the submission of our Physician's Summary Form dated within the last 30 days and a brief cognitive assessment completed at the time of interview.

Today's date: \_\_\_\_\_

1. Applicant's full legal name \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Phone number: \_\_\_\_\_

4. Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

5. Sex: \_\_\_\_\_ Marital status (single, married, divorced or widowed): \_\_\_\_\_

6. Name of spouse or former spouse: \_\_\_\_\_

7. Occupation (former if retired): \_\_\_\_\_

8. Name, address and phone # of person responsible for rent payment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Name, address and phone # of next of kin: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

10. Name, address and phone # of person designated power of attorney: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

11. List names, addresses, phone numbers and relationship of other living relatives:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Give three references who are not family members:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Since The Homestead is not licensed as a nursing home, it is necessary that applicants for admission meet certain requirements. Your answers to the following questions will help us to determine eligibility as well as type of care needed during residency.

1. Are you able to walk unaided? \_\_\_\_\_ Is a cane or walker needed for walking? \_\_\_\_\_

2. Can you use the stairs? \_\_\_\_\_

3. Do you wear glasses? \_\_\_\_\_

4. Do you wear dentures? Upper \_\_\_\_\_ Lower \_\_\_\_\_ None \_\_\_\_\_

5. Are you hard of hearing? \_\_\_\_\_

6. Hearing aid? Left \_\_\_\_\_ Right \_\_\_\_\_

7. Are you able to dress unaided? \_\_\_\_\_ To bathe unaided? \_\_\_\_\_

8. Are you able to eat meals in the dining room? \_\_\_\_\_

9. Do you have any food allergies or special dietary requirements? \_\_\_\_\_

\_\_\_\_\_

10. Do you have difficulties with your bowels/bladder? (please explain) \_\_\_\_\_

\_\_\_\_\_

11. Do you have any other physical or mental problems? \_\_\_\_\_

12. Do you smoke? If so, how much? (The Homestead is a non-smoking environment) \_\_\_\_\_

13. Do you drink alcohol? If so, how much? \_\_\_\_\_

14. Are you able to take your own medications? \_\_\_\_\_

15. Name of physician: \_\_\_\_\_

16. Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The information which I have given above is true and accurate.

\_\_\_\_\_