

APPLICATION FOR ADMISSION – REDINGTON MEMORIAL HOME

Name of Applicant: _____ Projected Admission Date: _____

Address: _____ Phone: _____

Name of Contact Person: _____ Relationship: _____

(work): _____

Current Living Situation:

_____ Private home/apartment _____ Other Assisted Living Facility

_____ Acute Care Hospital _____ Nursing Facility

_____ Skilled Nursing Facility _____ Other (specify) _____

Please list any home care services, respite services, day care services currently being provided: _____

Social Security #: _____ - _____ - _____ Date of birth: _____ - _____ - _____ Age: _____

Medicare # _____ - _____ - _____ Other Insurance Type: _____

Other Insurance # _____

Advance Directives: _____ Living Will _____ Do Not Resuscitate _____ Other Advance Directives
(Documentation must be provided for Living Will and Advance Directives)

Religion:(optional) _____ Church Affiliation:(optional) _____

Marital Status:

_____ Single _____ Married _____ Widowed _____ Separated _____ Divorced

Gender: _____ Male _____ Female Primary Occupation: _____

Primary Language: _____

Mortician: _____ Address: _____ Phone: _____

Legal Guardian: _____ Address: _____ Phone: _____

Conservator: _____ Address: _____ Phone: _____

POA for Finances: _____ Address: _____ Phone: _____

POA for HealthCare: _____ Address: _____ Phone: _____

(Documentation must be provided for Guardianships, Conservatorships, Powers of Attorney and Representative Payee)

1st Emergency Contact: _____ Address: _____ Phone: _____

2nd Emergency Contact: _____ Address: _____ Phone: _____

3rd Emergency Contact: _____ Address: _____ Phone: _____

Diagnosis (es): _____

Current Medications: _____

Allergies: _____

Diet: _____

Primary Physician: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Optometrist: _____ Address: _____ Phone: _____

Podiatrist: _____ Address: _____ Phone: _____

Other Medical Providers/Agencies Involved: _____

Preferred Hospital: _____

Monthly Income of Applicant:

Amount:

Social Security: _____

\$ _____

Retirement pension(s): _____

\$ _____

Annuities/Investments: _____

\$ _____

Other(specify): _____

Banks, Credit Unions, savings and financial institutions:

Name of Institution: _____

Location: _____ Balance in account \$ _____

Name on account: _____

Name of Institution: _____

Location: _____ Balance in account \$ _____

Name on account: _____

Name of Applicant/Resident _____ Date: _____

Signature of Resident/Legal Representative _____ Date: _____