

BAPTIST VILLAGE RETIREMENT COMMUNITIES
“MAKING LIFE BETTER FOR SENIORS AND THEIR FAMILIES”

APPLICATION FOR ADMISSION OF

NAME _____

(HOME ADDRESS)

STREET _____

CITY _____ STATE _____ ZIP _____

COUNTY _____ PHONE NUMBER _____

PRESENT ADDRESS (if different, including hospital, another facility, or other):

IF HOSPITAL OR OTHER FACILITY

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

This document is of a confidential nature and will only be used by the Administration of Baptist Village. The information herein will be kept in the strictest confidence.

The applicant should carefully read and answer correctly every question herein and then sign. Incomplete and/or incorrect statements are grounds for not accepting the application and cancellation of any agreements. Neither party is under any obligation until the application has been received and offer of admission is accepted by the applicant.

TO THE BOARD OF TRUSTEES: _____ DATE _____

The undersigned hereby makes application in Baptist Village for admission, and represents the following statements and information to be true and correct and agrees that this application shall become a part of any subsequent agreement of admission.

FAMILY HISTORY:

Date of Birth _____ City/State of Birth _____

Education (last grade completed) _____ Former Occupation _____

Marital Status: _____ Married _____ Widowed _____ Divorced _____ Single

Name of spouse, even if deceased _____

Date of Marriage _____ Date of Spouse's Death _____

Name of Burial Site of Spouse _____

City/State of Burial Site of Spouse _____

Father's Name _____ Age & Cause of Death _____

Mother's Name _____ Age & Cause of Death _____

(Include Maiden Name)

Applicants Children: Give Names, Residence, Phone Number

Applicants Brothers/Sisters: _____

Identify primary contact person/responsible party _____

Address _____

Telephone Number: Home _____ Work _____

CHURCH HISTORY

Name & Address of Church _____

Name & Address of Pastor _____

Name & Association of Church _____

BURIAL DIRECTIONS

Cemetery _____ City/State _____

Lot Number _____ Who Holds Deeds? _____

Responsible Person for Funeral Arrangements & Expenses _____

Address _____

Phone Number _____

Name, address, and phone number of Mortician _____

HEALTH HISTORY

Current Physician _____ Phone number _____

Give illnesses and/or operations and dates (including mental and emotional problems)

Current Diagnosis

Current Medication

Do you smoke? _____ Yes _____ No

Power of Attorney for Finances _____ Yes _____ No

Durable Power of Attorney for Health care _____ Yes _____ No

Living Will _____ Yes _____ No

(Please provide copies of documents)

Are you a veteran? _____ yes _____ no Veteran's Number _____

Social Security Number _____ Medicare Number _____
 Medicaid Number _____
 Supplemental Insurance _____
 Policy Number _____ Company Address _____
 _____ Premium _____

Please Provide Copies of Insurance Cards

LIFE INSURANCE

I have the following life insurance:

Company	Amt.	Beneficiary	Paid Up	Am't of Prem.
_____	\$ _____	_____	(yes) (no)	\$ _____
_____	\$ _____	_____	(yes) (no)	\$ _____

It is the responsibility of Baptist Village to provide information regarding financial resources that may offer assistance in payment of care. Please provide the following information.

FINANCIAL RESOURCES

I have the following income:

Pension	\$ _____	per (Mon) (Yr)	Who pays it? _____
Annuity	\$ _____	per (Mon) (Yr)	Who pays it? _____
Social Security	\$ _____	per (Mon) (Yr)	Who pays it? _____
SSI	\$ _____	per (Mon) (Yr)	Who pays it? _____
Rents	\$ _____	per (Mon) (Yr)	Who pays it? _____
Other Incomes	\$ _____	per (Mon) (Yr)	Who pays it? _____
Cash	\$ _____		
Savings	\$ _____		

I have the following Securities, Stocks, Bonds, Certificates of Deposit, Notes

Company	Number of Shares/Bonds	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Do you have any interest, either legal or equitable in any other property? _____ yes _____ no

Have you disposed of any property, cash, stocks, bonds, mortgages or other possession in contemplation of admission to BAPTIST VILLAGE? _____ yes _____ no

I owe the following debts:

Company	Debt
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

I own the following described real estate including address and county: _____

APPLICANT’S STATEMENT: (This is essential and for your protection)

The applicant agrees that if he or she becomes a resident of Baptist Village, that the applicant will at all times faithfully observe and be governed by all of the rules and code of living of the Village in existence or hereafter adopted.

If accepted as a resident of Baptist Village, the applicant agrees to give the Trustees of Baptist Village any additional information concerning any property, including income, pension, annuity, insurance policy, stocks, bonds, or real or personal property or property of any nature which they may ask for. The applicant waives any right or privilege or secrecy, whether statutory or otherwise, and consents that any individual financial institution, or any agency of the federal government or of the state government may disclose any information concerning any property or business transaction or concerning old age assistance matters, income tax matters or social security matters, or any other information which may at any time be requested by Baptist Village concerning the applicant. The applicant agrees to make an application for Medicaid if financial situation warrants and to execute any papers necessary to protect Baptist Village.

THE BOARD OF TRUSTEES RESERVES THE RIGHT:

To accept or reject any applicant for admission.

To make and change room assignments subject to resident’s rights and responsibilities.

To make changes in the rules and code of living or to make exceptions to them according to the best judgment of the Board of Trustees.

To increase the compensation for ordinary care or infirmary care based upon increased operating costs.

IN WITNESS WHEREOF, I have hereunto set my hand to this application this _____ day of

_____, 20_____.

Applicant

For office use only:			
Retirement _____	Personal Care _____	SC _____	IC _____