



Baptist Village Retirement Communities

APPLICATION FOR ADMISSION

The following is an application for admission to our facility. Whether your anticipated stay is planned for short-term or long-term we ask you to please complete this application and return it to the Admission Director. Criteria for admission are the same for all persons without regard to race, gender, color, creed, religion, national origin, age, marital status, physical or mental impairments or source of payment.

Applicant's Name:		Date:	
DOB:	SSN:	Gender: <input type="checkbox"/> Male or <input type="checkbox"/> Female	
Present Address:			
City, State & Zip:		Phone Number:	
Place of Birth:	Former Occupation:	Are you a Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Burial Preferences <i>Funeral Home (City, State):</i>		Phone Number:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married	Spouse/Significant Other's Name:		
	Address:		
	Phone Number:		
Should this person be listed as emergency contact? <i>If no, please list the name and telephone number of primary contact below.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact:			
Phone Number:		Relation:	
Additional Contact:			
Phone Number:		Relation:	
Does Applicant have a Durable Power of Attorney?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant have a Healthcare Advance Directive?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant have a DNR status?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant have a Living Will?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant have a Court Appointed Legal Guardian? <i>If yes, provide information below:</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:		Phone Number:	
Medicare Number:		Medicare Advantage Number:	
Medicaid Number:		Medicare Part D Number :	
Medicare Supplemental Plan Name and ID:			
Other Insurance Provider Name and ID:			
Does the Applicant have Long Term Care Insurance? <i>If yes, list the name of Insurer, policy number, payment amount and duration of coverage:</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurer:		Policy Number:	
Payment Amount:		Duration of Coverage:	

Please indicate Applicant's anticipated stay:	<input type="checkbox"/> Short Term Rehabilitation <input type="checkbox"/> Long Term Placement
Primary Care Physician:	
Pharmacy:	
Has the Applicant been hospitalized within the last two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , name of Hospital(s):	
Reason(s) for Service:	
Has the Applicant been in any other Nursing Home, Rehab Facility, or Assisted Living within the past year? If yes , please provide the name and dates of service at facility/facilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT'S STATEMENT:

The applicant certifies that he/she has carefully read and answered every question contained in the application accurately before signing. Also, the applicant understands that after acceptance for admission, a physical examination by the applicant's primary care physician or physicians providing care at the hospital is required. The applicant gives permission for the *Director of Admissions* or alternative designated staff member to contact the applicant, the responsible party, and/or hospital employee for the purpose of acquiring further information.

Neither party is under any obligation until the application has been received and offer of admission is accepted by the applicant. The applicant agrees that if he/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 Baptist Village in existence or hereafter adopted.

BAPTIST VILLAGE 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 of Baptist Village.
- ❖ To increase the compensation for care based upon increased operating costs.

The undersigned hereby makes application to Baptist Village for admission, and affirms that the information provided is accurate and complete. The applicant acknowledges that incomplete and/or incorrect statements are grounds for not accepting the application and may result in cancellation of any agreements. The applicant agrees that this application shall become a part of any subsequent agreement of admission.

Applicant Signature

Date

Signature of Applicant's Responsible Party (if applicable)