

# GOOD SHEPHERD NURSING HOME LC

159 Edgington Lane, Wheeling, West Virginia

## APPLICATION FOR ADMISSION

### PART I – GENERAL INFORMATION

Social Security No. \_\_\_\_\_ Medicare Number \_\_\_\_\_

Part A \_\_\_\_\_ Part B \_\_\_\_\_

1. Name in Full: \_\_\_\_\_

2. Present Address: \_\_\_\_\_  
(Street, City and State)

3. Date of Birth: \_\_\_\_\_

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

5. Lifetime Occupation: \_\_\_\_\_

6. If Married, Name of Your Spouse: \_\_\_\_\_

7. Address of Spouse: \_\_\_\_\_ Telephone \_\_\_\_\_

8. Are You Registered to Vote: Yes \_\_\_\_\_ No \_\_\_\_\_

9. Name, Addresses and Telephone Numbers of Any and All Living Children:

| Name  | Address | Telephone Number |
|-------|---------|------------------|
| _____ | _____   | _____            |
| _____ | _____   | _____            |
| _____ | _____   | _____            |

10. Please Indicate Highest Level of Education Completed:

11. Do you have any living brothers or sisters? \_\_\_\_\_

If so, Please give their Names, Addresses and Telephone Numbers:

| Name  | Address | Telephone Number |
|-------|---------|------------------|
| _____ | _____   | _____            |
| _____ | _____   | _____            |
| _____ | _____   | _____            |

12. If you have no spouse, children, parents, brothers or sisters, who are your nearest relatives?

| Name  | Relationship | Address | Telephone Number |
|-------|--------------|---------|------------------|
| _____ | _____        | _____   | _____            |
| _____ | _____        | _____   | _____            |

13. Do you maintain any hospitalization or disability other than Medicare? \_\_\_\_\_

If so, please designate company and type of coverage:

\_\_\_\_\_  
\_\_\_\_\_

14. Name and address of your regular physician(s):

\_\_\_\_\_

15. Name and address of your dentist:

\_\_\_\_\_

16. Have you executed a power of attorney? \_\_\_\_\_. If so, please furnish a copy and give the name, address and telephone number of the holder(s) of the power of attorney:

\_\_\_\_\_

17. Have you executed a living will (i.e., a declaration of desire to die a natural death)? \_\_\_\_\_  
If so, please furnish a copy.

18. Is the patient represented by a court-appointed committee or guardian? \_\_\_\_\_. If so, please state his or her name, address and telephone number and furnish a copy of the court's order.

\_\_\_\_\_

19. Name and address of mortician to be called in the event of decease:

\_\_\_\_\_

20. Religious Preference: \_\_\_\_\_

Name of Church, or Parish: \_\_\_\_\_

**PART II – FINANCIAL STATEMENT**

Note: Use "none" where applicable. List ALL property you own and ALL income you receive.

A certain level of financial net worth is not a condition of admission to the Nursing Home. This information is required in order that the Nursing Home may be satisfied that a patient is financially able to pay applicable charges.

- 1. Have you examined the schedule of rates presently charged by the Nursing Home? \_\_\_\_\_ Are you presently Financially able to pay these rates? \_\_\_\_\_
- 2. If not, who will be responsible for your charges? Please state name(s) address, telephone number and relationship:

| Name  | Address | Telephone Number | Relationship |
|-------|---------|------------------|--------------|
| _____ | _____   | _____            | _____        |
| _____ | _____   | _____            | _____        |

- 3. In what banks and savings institutions do you have money at present?

| Name and Address of Bank | Amount |
|--------------------------|--------|
| _____                    | _____  |
| _____                    | _____  |

- 4. Are any of these accounts held jointly with some other person? \_\_\_\_\_

Please explain: \_\_\_\_\_

- 5. Do you presently receive Social Security benefits? \_\_\_\_\_

Amount per month: \$ \_\_\_\_\_

- 6. Are you presently receiving any pensions or annuities in addition to Social Security? \_\_\_\_\_

If so, please designate:

| Payor | Amount |
|-------|--------|
| _____ | _____  |
| _____ | _____  |

- 7. Do any of your family members contribute to your support and maintenance? \_\_\_\_\_ If so, please furnish their names and the approximate amount of their contribution per month.

| Name  | Amount |
|-------|--------|
| _____ | _____  |
| _____ | _____  |

- 8. Is there any welfare agency from which you now receive financial assistance? \_\_\_\_\_ If so, please designate, including the amount of the monthly payment: \_\_\_\_\_

\_\_\_\_\_

- 9. Do you own any real estate or interest in real estate? \_\_\_\_\_

If so, where is the real estate located? \_\_\_\_\_

\_\_\_\_\_

9a. Do you hold title jointly with another person? \_\_\_\_\_ If so, please identify: \_\_\_\_\_

What is its present value? \_\_\_\_\_. Is it subject to any indebtedness? \_\_\_\_\_ If so, in what amount? \$ \_\_\_\_\_

What are the monthly payments? \$ \_\_\_\_\_

10. Do you own any stock, bonds or other securities? \_\_\_\_\_

If so, please furnish a list of such property: \_\_\_\_\_

What is the total approximate annual income? \$ \_\_\_\_\_

11. Is there any money held by a trust, estate or other arrangement which is or might be available for your benefit? \_\_\_\_\_ If so, please explain:

12. Does any person, bank or corporation act as your agent, trustee, or attorney-in-fact? \_\_\_\_\_ If so, please give Name (including bank officer's name), address and telephone number: \_\_\_\_\_

I understand that it is a condition for admission to the Good Shepherd Nursing Home LC that full and complete answers be made to all of the foregoing questions. I certify that all answers made here in are true and complete. I understand that my application shall constitute a part of my admission procedures to the Nursing Home and, if I am admitted to the Nursing Home, a part of my admission agreement.

I hereby authorize the physician(s) and dentist(s) named herein and whoever they may designate as their respective alternates to supervise or provide the medical and dental health care of the applicant in the event of my admission as a patient to Good Shepherd Nursing Home LC.

Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant or Representative**

\_\_\_\_\_  
**Representative's Relationship**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City, State and Zip**