

Personal/Financial Information

Primary Contact

Name _____ Relationship _____

Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Work Phone _____ Cell Phone _____ E-mail _____

Secondary Contact

Name _____ Relationship _____

Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Work Phone _____ Cell Phone _____ E-mail _____

Veteran Yes No U.S. Citizen Yes No

ATTACHED FINANCIAL DISCLOSURE FORM MUST ALSO BE COMPLETED.

Financial Disclosure: (All information supplied will remain confidential. Application cannot be processed without this information.)

Social Security Number _____ Medicare Number _____

Medicaid Number (Title 19) _____ Pending? Yes No

Medicaid Caseworker's Name _____ Phone _____

Managed Medicare, Commercial, Medicare Supplement _____ Policy No. _____

Does Applicant Own a Long Term Care Insurance Policy? _____

Name of Company _____ Is this a Partnership Approved Policy? _____

Signature of person completing application _____



Admission Application

You have contacted this facility and indicated a desire to be considered for admission. Your name will be placed on our waiting list after you substantially complete and return this application.

SMOKE FREE ENVIRONMENT

**Jerome Home
Application for Admission**

Vital Statistics

Name _____ Telephone _____
 Address _____ City _____ State _____ Zip Code _____
 Sex M F Date of Birth _____ Place of Birth _____
 Marital Status _____ Religion _____
 Occupation (Current or Former) _____

Type of Placement Being Sought (*Please Check*):

Short Term Rehab Hospice Care Respite Care Long Term Care Arbor Rose

Medical Information

Present Location _____
 If Hospital/Health Facility, Date of Admission _____
 Admitting Diagnosis _____
 Surgery (include dates) _____

 Past Medical History _____

 Allergies _____
 Current Medications _____

Skin Condition

Surgical Site _____ Reddened Areas _____
 Decubitus _____ Treatment _____
 Diet _____ HT _____ WT _____

Mental Status

Alert Oriented Confused Disoriented Forgetful
 Vague Non-responsive Depressed

Behavior Patterns

Cooperative Wanders Paces Combative Verbally Abusive
 Resistive to Care Easily Agitated Other _____
 Restraints Waist Vest Pelvic
 Restraints Always Daytime Nighttime As Needed None

Current Therapies PT OT Speech
 Other _____

Functional Data Summary

| | Independent | Minimal Assist (Supervise) | Maximum Assist (1-2 Person) | Unable | Independent |
|--------------|-------------|-------------------------------|--------------------------------|--------|---|
| Bathing | | | | | |
| Dressing | | | | | |
| Toileting | | | | | |
| Eating | | | | | <input type="checkbox"/> G Tube <input type="checkbox"/> NG Tube |
| Transferring | | | | | <input type="checkbox"/> Hoyer Lift |
| Ambulating | | | | | |

Continence

Continent Incontinent
 If Incontinent: Urine Stool
 Foley Catheter Suprapubic Catheter Texas Catheter (External Device)
 St. Catheter Colostomy Ileo Conduit

Mechanical Aids

Oxygen/Liters _____

Pace Maker Yes No Date Inserted _____

Prosthesis (Type): _____

History of Psychiatric Problems or Disorders (Include Details and Dates of Hospitalization)

History of Alcohol or Substance Use? If Yes, Describe

Smoker Yes No

Miscellaneous Information

Primary Care Physician _____ Other Physician(s) _____

Attorney _____

Advance Directives Yes No

If Yes, Please indicate: POA DPOA HCA Living Will Organ Donor Conservator

During the last 60 days, has there been a stay in a hospital or nursing facility? _____ If so, please indicate where and when stay took place. _____

Have Home Care Services been used in the past? _____

If so, please indicate which agency. _____

Funeral Home Preference: _____

Have arrangements been made? _____ Prepaid? _____

**Jerome Home's
Applicant Financial Disclosure**

Applicant's Name: _____ **Date:** _____

The applicant and/or responsible party may be required to submit copies of all current accounts (checking, savings, money market, mortgage, etc.) to Jerome Home upon completion of this form and at the time of admission.

Applicant's Own Income

Spouse's Income

Not applicable _____

Social Security \$ _____ /Mo
Pension \$ _____ /Mo
Annuity \$ _____ /Mo
Interest \$ _____ /Mo
Dividends \$ _____ /Mo
Other \$ _____ /Mo

Social Security _____ /Mo
Pension _____ /Mo
Annuity _____ /Mo
Interest _____ /Mo
Dividends _____ /Mo
Other _____ /Mo

Does the applicant receive income from or have any interest in a trust? Yes ___ No ___
Does the applicant's spouse receive income from or have any interest in a trust?
Yes ___ No ___

Applicant's Assets

(NOTE: If any asset is jointly held, please give name of joint owner. If married, list all assets owned by the applicant and his/her spouse, regardless of whether the assets are owned individually or jointly).

Properties (Address and approximate value): _____

Names on Deed: _____

Does the spouse live in the home? Yes ___ No ___

What is the amount of equity in the home: \$ _____

Mortgage notes held on the property: _____

Stocks and Bonds (Please describe and give approximate value)

Bank Accounts

Bank: Type of account: Single/joint with whom: Balance:

Life Insurance (List only those policies having a cash surrender value and give approximate surrender value)

Annuities (Has the applicant purchased or does the applicant receive income form any annuity? If yes, please describe)

Transfer of Assets Prior to February 8, 2006

Within the past 36 months and prior to February 8, 2006, has the applicant or spouse given away assets of any kind (cash, securities, real estate, etc.) or transferred assets of any kind? If so, please describe fully all such gifts or transfers of \$1,000 or more, including the asset transferred, names, addresses and relationship of the person to whom the gift was made, and the value of the gift or transfer.

Within 60 months prior to the date of this application and prior to February 8, 2006, has the applicant or spouse created a trust or placed funds or any other assets in a trust that already existed? Yes ____ No ____

Transfer of Assets on or after February 8, 2006

On or after February 8, 2006, has the applicant or spouse given away assets of any kind (cash, securities, real estate, etc.) or transferred assets of any kind? If so, please describe fully all such gifts or transfers of \$1,000 or more, including the asset transferred, names, addresses and relationship of the person to whom the gift was made, and the value of the gift or transfer.

On or after February 8, 2006, has the applicant or spouse created any trusts or placed funds or any other assets in a trust that already existed? Yes ____ No ____

If signed by the Applicant:

I hereby certify that this is a true and complete statement of my (and if applicable, my spouse's) income and assets and any gifts or transfers in excess of \$1,000 and any trusts created or transfers of any assets to any trust that I or my spouse have made.

Applicant Signature

Date

If signed by Responsible Party:

I certify that I have investigated the applicant's financial records and that this is a true and complete statement of the applicant's income and assets and any gifts or transfers in excess of \$1,000 and any trusts created or transfers of any assets to any trust that the applicant or his or her spouse has made.

Person Acting for Applicant

Print Name

Title

Date
