

APPLICATION FOR (Check One)

- The Heights (Independent Apartments)
- The Village (Assisted Care Apartments)
- The Heritage (Nursing Facility)
- Anna's House (Memory Impaired Nursing Facility)

PERSONAL INFORMATION

Sex Male Female
 Full Name (Maiden) _____
 House Number and Street _____
 City _____ State _____ Zip _____
 Telephone _____ Referral Source _____
 Birth Place City _____ State/County _____
 Birth Date (Month/Day/Year) _____ Present Age _____
 Length of Residence in Williams County _____
 Length of Residence in Ohio _____ Length of Residence in U.S. _____
 Single Married Widow/Widower Divorced Companion
 Social Security # _____
 Medicare Number _____ Effective Date _____
 Medicaid Number _____ Effective Date _____
 Former Occupation _____
 Dentist _____ Optometrist _____
 Pharmacy _____
 Drug Plan _____ I.D. # _____ Group # _____

Please bring original Social Security, Medicare, insurance cards and either a birth certificate or driver's license from applicant for verification.

HEALTH INSURANCE SUPPLEMENT POLICY

Insurance Company _____
 Contract Number _____
 Does applicant have insurance with nursing home coverage? _____
 Is applicant or spouse a Veteran? Yes No
 If yes, please give Veteran's claim number _____

LEGAL INFORMATION

Legal Guardian _____
 Power of Attorney _____
 Durable Power of Attorney (Finances) _____
 Durable Power of Attorney (Health Care) _____
 Living Will _____
 Responsible Person _____
 Organ Donor Yes No

Please bring applicant's original Power of Attorney, Living Will, Durable Power of Attorney for Health Care, and Durable Power of Attorney for Finances for verification.

NEAREST LIVING RELATIVE

Please list your nearest living relative, including friends, and all living children. In case of death or serious illness, only one individual will be notified. Attempts will be made beginning with the first person listed below.

Name	Relationship	Address	Phone (Daytime/Evening/Cell)

MEDICAL HISTORY

Physicians and Specialists Attending

Name	Address	Dates of Attendance

Admitting Diagnosis _____

General Mental Health _____

Previous Illness/Hospitalizations – Reasons and Dates _____

Present Medications _____

List Available Medical Equipment (check if appropriate)

	Own	Rent
Quad Cane	<input type="checkbox"/>	<input type="checkbox"/>
Walker	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>
Trapeze	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen Concentrator	<input type="checkbox"/>	<input type="checkbox"/>
Other:		
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

■ **FUNERAL INFORMATION**

Has applicant established a burial contract? Yes No

Please provide the contract for us to copy for our files.

If answer to the above question is no, please list the name and phone number of the funeral home to be notified.

Funeral Home _____ Phone Number _____

■ **MONTHLY INCOME**

Social Security _____ Pensions _____

Annuities _____ Dividends/Interest _____

Other Income _____

Estimated length of time the applicant will be able to meet all the financial needs.

Months _____ /Years _____

We respectfully request to be notified when the applicant's funds are reduced to three months private pay. If needed, we will assist in applying for Medicaid.

■ Information contained in this application is accurate and complete to the best of my knowledge.

Applicant's Signature _____ Date _____

Legal Guardian/Power of Attorney/Responsible Party

Signature _____ Date _____



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The Heights
The Village
Anna's House
The Heritage

09876 County Road 16 • Bryan OH 43506 • 419.636.4508

■ **FOR OFFICE USE ONLY**

Code Status _____ Donor _____

Admission Date _____ Medical Record Number _____

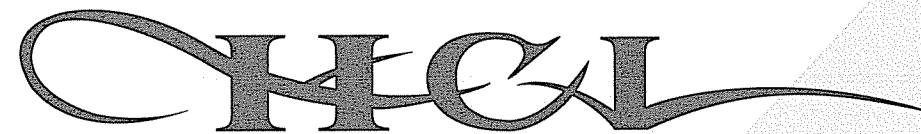
Room Number _____ Apartment Number _____

Physician _____ Transferred From _____

Hospital and Physician _____

Skilled Letter Sent Yes No Hospital/Qualifying Dates _____

Rehab Dates _____



WILLIAMS COUNTY
HILLSIDE COUNTRY LIVING

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The Heights
The Village
Anna's House
The Heritage

APPLICATION FOR ADMISSION