

**LAUREL VIEW VILLAGE
INQUIRY FOR ADMISSION**

Name _____ Birthdate _____
Social Security No. _____

Present Address _____ Phone _____

Next of Kin or Contact Person _____ Relationship _____
Address _____ Phone _____

Male ___ Female ___ Marital Status: Single ___ Married ___ Widowed ___ Divorced ___ Separated ___

Religion _____ Church _____ Address _____

ACTIVITIES OF DAILY LIVING

Ambulation: Independent ___ Assisted ___ Assistive Device ___ Non-Ambulatory ___

Mental Status: Alert & Oriented ___ Confused ___ Forgetful ___

Vision: Good ___ Fair ___ Poor ___ Glasses ___ Blind ___ (Right-Left) ___

Hearing: Normal ___ Impaired ___ Deaf ___ (Right-Left) ___ Hearing Aid

Speech: Normal ___ Impaired ___ Aphasic ___

Eating Habits: Independent ___ Needs Assistance ___ Unable ___ Feeding Tube ___

Bathing/Dressing: Independent ___ Needs Assistance ___ Unable ___

Contenance: Bowel: Continent ___ Incontinent ___ Ostomy tube ___

Bladder: Continent ___ Incontinent ___ Catheter ___

Diagnosis and Care Needs: _____

Is applicant presently confined to a hospital or nursing home? Yes ___ No ___

If yes, give name, address and reason for confinement. _____

Reason for application: _____

POWER OF ATTORNEY, by whom? _____

GUARDIANSHIP, by whom? _____

HEALTH INSURANCE: List agreement/policy numbers and type of plan.

Medicare _____ BlueCross/BlueShield _____

Security Blue _____ UMWA _____

Medical Assistance _____ Other _____

PLEASE PROVIDE A COPY OF MEDICARE CARD WITH THIS FORM

FINANCIAL INFORMATION

Person responsible for finances _____

1. CURRENT MONTHLY INCOME:

SOCIAL SECURITY.....\$ _____
SSI..... \$ _____
UNITED MINE WORKERS \$ _____
BLACK LUNG.....\$ _____
VETERAN BENEFITS.....\$ _____
RAILROAD RETIREMENT \$ _____
RETIRED TEACHER.....\$ _____
OTHER.....\$ _____

2. SAVINGS ACCOUNTS

BANK AND ADDRESS ACCT.# BALANCE
\$ _____
\$ _____

NAMES ON THE ACCOUNT _____

3. CHECKING ACCOUNT

BANK AND ADDRESS ACCT.# BALANCE
\$ _____

NAMES ON THE ACCOUNT _____

4. BURIAL FUND

BANK/FUNERAL HOME AND ADDRESS VALUE
\$ _____

5. LIFE INSURANCE POLICIES

NAME OF COMPANY/ADDRESS POLICY # VALUE
\$ _____
\$ _____

6. STOCKS/BONDS, CDS, INVESTMENTS

VALUE
\$ _____
\$ _____
\$ _____

7. REAL ESTATE

ADDRESS _____ VALUE \$ _____

Does a spouse or child reside there? _____

Names on deed: _____

By signing this form I acknowledge that all of the above information is true and correct to the best of my knowledge, and is available for my or the applicant's care to the extent that the law allows.

Signature _____ **Date** _____

Relationship to Applicant _____