

LAUREL VIEW VILLAGE INQUIRY FOR ADMISSION

Name _____ Birthdate _____

Male ___ Female ___ Social Security No. _____

Current Address _____ Phone _____

How long have you resided at current address? _____ Birthplace _____

First Person Contact Information

Name	Relationship	Address	Telephone

Second Person Contact Information

Name	Relationship	Address	Telephone

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

Spouse Name _____ Date of Death _____

Children

Name	Address	Telephone

Religion _____ Church _____
Address _____ Phone _____

Veteran: Yes or No (Circle One)

Current Physician _____ Preferred Hospital _____

Hospitalizations within the last 60 days: Yes or No (Circle One)

If yes, provide dates, where you were hospitalized and reason for hospitalization:

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 residing in a nursing home? Yes__ No__

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

Reason for application: _____

POWER OF ATTORNEY for Healthcare and or Financial

Name _____ **Address** _____ **Phone** _____

GUARDIANSHIP

Name _____ **Address** _____ **Phone** _____

FUNERAL DIRECTOR

Name _____ **Address** _____ **Phone** _____

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

Medicare _____ BlueCross/BlueShield _____

Security Blue _____ UMWA _____

Medical Assistance _____ Other _____

Prescription Card _____

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 _____