

Dogwood Village of Orange County

Health and Rehab

Application for Admission



<u>Applicant's Name:</u>	Date Received:
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Address:	Phone #
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Person to contact when Appropriate Bed is ready:	Phone #
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<u>Personal Information:</u>	Social Security #
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Place of Birth:	Date of Birth:
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Gender:	Marital Status:
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Medical Power of Attorney:	Guardianship:
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Current Treatment Plan:

List medications, Care Plans, Therapies-Please furnish copies if available:

Names and addresses of all Hospitals, Nursing Homes & Assisted Living Facilities from which patient was discharged in the past 90 days, to include dates of stays:

Date of Last Hospital Stay (within the last 90 days):	Admission:	Discharge:
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May we request information from the hospital or Nursing Home?	Yes or No
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Medical Information:

Physician Name:	Phone #
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Address:

May we request a copy of your medical records? Yes Or No

Date of last Physical:	Is copy available?
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Diagnosis:
Primary: _____
Secondary: _____

If Dementia is listed, is wandering a problem or risk? YES Or NO

Are there behavior problems we need to be aware of? YES Or No

Please describe:

Dental Information:

Name:	Phone #
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Address:

<u>Religious Information:</u>	Name of Church:
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Clergy Name:	Phone #
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Address:

Insurance Information:

Medicare #	Medicare D #
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Supplemental Insurance, Name, Address & Phone #:	Insurance Policy & Group #
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Hospice (please circle one): yes or no If yes, which agency:

Representative Payee (name, address & phone number):

Is there Long Term Care Ins.? Yes or No If yes; name, address, phone & policy #

Responsible Party Information:

Name:	E-mail:
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Address:

Phone #'s	Home	Work	Cell
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Person(s) to notify in case of Emergency

1)Name & Address:	Home Phone:
	Work Phone:
	Cell Phone:

2)Name & Address:

Home Phone:

Work Phone:

Cell Phone:

Financial Information

Are there private funds enough to cover 6 months? Yes Or No

Financial
POA?

Are you approved for Medicaid Assistance through DSS? Yes Or No

Agency:

May we share information with this agency? Yes Or No

Medicaid
#

Date of Application

Date of
U.A.I

Name of Case Worker

Phone #

Laundry Services (circle one): *Self* *Family*
Facility

Mortuary Preference (please include address and phone #):

It is the policy of the facility that no one shall be discriminated against on the grounds of race, color, natural origin, or age. The facility shall at all times be in full compliance with Title VI of the Civil Rights Act of 1964(P.L. 88-353, Section 504 of Rehab act of 1973) and regulations issued by the Department of Health & Human Services (45 C.F.R. Part 80) pursuant to these titles.

Signature of Applicant:

Date:

Dogwood Village of Orange County



Personal Financial Statement

Date:

Applicant's Name	
Birth Date	
Social Security #	
Home Address	
City and State	
Telephone	
Previous Occupation, Position or Title	
Spouse's Name	

Assets	Dollars only	Liabilities	Dollars only
Available cash	\$	Loans	\$
Deposit accounts		Mortgage	
Stocks & bonds		Credit cards	
Accounts or notes receivable		Other (itemize if over \$1,000)	
Cash value life ins.		Reverse Mortgage Balance(if any)	
Property/Home (Lien? <input type="checkbox"/> yes <input type="checkbox"/> no)		Transfer of Property Amount/ Date	
Net worth of business owned			
Living trusts/Life time rights			
Total Assets	\$	Total Liabilities	\$

Annual Income	Yours	Spouse
Salary		
Dividends/Interest		
Net Real Estate Income		
Other – Itemize		
Total		

Institutions at which you have Deposit Accounts

Name of Institution	Account #	Name(s) in Account Title	Type Account

I certify that I have reviewed this statement, that it is correct and fairly presents my financial condition and worth as of the date of this statement. I authorize Dogwood Village of Orange County to make any inquiries of any agency it deems appropriate to verify the validity of my financial statement. I understand that my admission to this facility is not contingent upon the results of this financial statement and that this statement is to be used by Dogwood Village of Orange County exclusively in assisting me with financial planning.

For additional accounts, real estate, investments, liabilities, insurances etc. see attached.

Applicant's Name, Signature and Date	
Witness Name, Signature and Date	