



DATE: _____ APPLICATION FOR ADMISSION

Applicant Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Present location (if different from above): _____

With whom are you living? _____

Are you receiving any assistance at home? (Please explain): _____

Have you been on a tour of the German Centre? _____

Date of birth:	Place of birth:
Former occupation:	Date you retired:
Name of husband or wife:	
Father's name:	Mother's name:
Are you of German heritage?	What languages do you speak?

In case of an emergency, name and address of your nearest relative to consult with:

Name: _____

Relationship: _____

Address: _____

Home telephone number: _____

Work telephone number: _____

Does this person handle your finances? _____

Does this person have legal responsibility for your affairs? _____

******Please enclose a copy of Health Care Proxy, Power of Attorney, or Guardianship documents.******

Deutsches Altenheim, German Centre for Extended Care, is dedicated to the preservation and encouragement of German culture, but welcomes all persons irrespective of race, color, creed, or ethnic background.



Primary Care Physician

Name:

Address:

Telephone number:

Hospital affiliation:

Medications, Special Diets, Assistive Devices

Please list medications that you are currently on:

Special or restrictive diets currently on?

Assistive devices such as a cane, walker, or wheel chair that you require?

Insurance Information

Please give the numbers as they appear on the card. Remember to provide a copy of the cards.

Social Security number:

Medicare number:

Medex:

Other supplemental insurance:

Other insurance:

Other insurance claim address and telephone:

Medicaid number:

Has a screening for long-term care been completed?

If so by whom?

And their telephone number:

Have you been in a rehab facility in the past year?

When?

Where?

Please give a summary of your personal assets, which will be used to pay for your nursing home stay.
Be specific with type of account and approximate amount.

