



Application for Admissions

Application for: Assisted Living Independent Living Date: _____

How did you learn about Riverglen House? _____

I. General Information

Name _____ Social Security # _____ - _____ - _____

Age _____ Date of Birth _____ Gender M / F Marital Status _____

Home Address _____

Phone Numbers: Home _____ Work _____

Spouse's Name _____

Age _____ Date of Birth _____ Gender M / F Social Security # _____ - _____ - _____

Does applicant currently own or rent their home? Own Rent

Is applicant responsible for managing their own finances? Yes No

If no, please provide the name of responsible party:

Name _____ Relationship _____

Address _____

Phone Numbers: Home _____ Work _____

Does applicant have Power of Attorney (POA)? Yes No

If yes, please provide the name of POA:

Name _____ Relationship _____

Address _____

Phone Numbers: Home _____ Work _____

Does applicant have a durable Power of Attorney for healthcare? Yes No

If yes, please provide the name of POA for healthcare:

Name _____ Relationship _____

Address _____

Phone Numbers: Home _____ Work _____

Does applicant have a living will or advanced directives? Yes No

If these documents exist, please provide copies to the facility upon application acceptance. If applicant has not completed these documents, they should see their personal physician to do so.

In case of an emergency, we should contact:

Name _____ Relationship _____

Address _____

Phone Numbers: Home _____ Work _____

Name _____ Relationship _____

Address _____

Phone Numbers: Home _____ Work _____

II. Medical Information

Primary Physician Name _____

Address _____

Current medical condition(s) _____

Past medical condition(s) _____

Does applicant have any allergies including reactions to drugs? Yes No

If yes, please provide details _____

Please list all medications used _____

Applicants physical mobility: Walks unassisted Uses a cane Uses a walker

Uses a wheelchair: can wheelchair applicant transfer unassisted? Yes No

Please place a check mark to indicate applicant's level of ability in the following areas:

Task	Can handle alone	Needs some assistance	Total assistance
Grooming/Shaving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mouth/ Skin Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Escort/Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping/Clothing Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other daily needs _____			

Does applicant have colostomy/ileostomy? Yes No Prosthesis? Yes No
 Is applicant continent of bladder? Yes No Of bowel? Yes No
 Does applicant have difficulty seeing? Yes No Require Oxygen? Yes No

Applicant's mental status:

Is applicant alert? Yes No Oriented to time/place? Yes No
 Is applicant: Forgetful Anxious Confused
 Has applicant been diagnosed with: Dementia Alzheimer's Disease
 Has applicant been diagnosed as mentally ill or mentally retarded? Yes No
 Does applicant have need for a handicapped accessible apartment? Yes No

III. Health Insurance: *(Please provide a copy of all insurance cards.)*

Medicare Number _____ Medicaid Number _____
 Private Insurance Company _____ Policy Number _____

IV. Social History:

Current or prior occupation(s) _____

Hobbies/Special Interests _____

Religious Affiliations: (OPTIONAL) _____

Social groups that applicant belongs to or has belonged to in the past: _____

V. Financial Information

Cash Assets: (If more than one bank, please attach another page).

Bank _____

Address _____

Checking Account Balance \$ _____ Savings Account Balance \$ _____

Certificates of Deposit Balance \$ _____

Does applicant have stocks and bonds? Yes No Approximate Value \$ _____

Approximate value of securities \$ _____

Other assets \$ _____

Does applicant own a home? Yes No Approximate Value \$ _____

Does applicant own additional property? Yes No Approximate Value \$ _____

Income:

Social Security \$ _____/month Interest/Dividend Income \$ _____

Disability \$ _____/month Life Insurance Benefits \$ _____

Annuity Income \$ _____/month Other \$ _____

Rental Income \$ _____/month

Pension \$ _____/month **Total Monthly Income** \$ _____

Does applicant have Long Term Care Insurance? Yes No

List the value of any assets applicant has disposed of in the last two years:

\$ _____ \$ _____ \$ _____
\$ _____ \$ _____ \$ _____

I understand and agree that this application is neither a contract nor a reservation for residency. Nothing contained in this document is legally binding on either myself or Riverglen House, until a Residency Agreement has been signed and approved by both parties. I certify that the information I have given in this application is true and correct. I understand that any false statements or misrepresentations of omissions may result in the cancellation of my application or nullification of my residency agreement. I authorize Riverglen House to conduct a review of my financial status and obtain information necessary to verify my ability to pay for residency. I further agree to notify Riverglen House in writing of any substantial change in my (applicant's) financial or medical condition. Riverglen House agrees to keep this information strictly confidential.

Applicant's Signature _____ **Date** _____

If this form is being completed by someone other than the applicant for residency, please print the name of the person completing the information, their relationship to the applicant and sign on the line below. Please attach a copy of the Power of Attorney or other documentation authorizing a person to act on the applicant's behalf.

Name _____ Relationship _____

Signature _____ Date _____