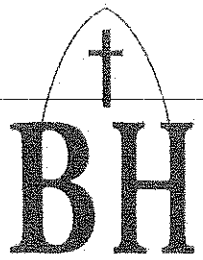

Bethel Home & Services, Inc.
Application and Admission Data
BETHEL OAKS MEMORY CARE HOME

FOR OFFICE USE:
DATE APPLICATION RECD_____
RECEIVED BY_____

Person completing this application:_____

Relationship to the potential resident:_____Phone number:_____

PERSONAL DATA

Applicant's Name_____Birthdate_____Female/Male

Present address_____

City_____State_____Zip_____

Telephone( )_____Social Security Number_____

Date of Birth: Month_____Day_____Year_____

Health Insurance_____Policy #_____

Medicare Number_____Wis.Medical Assistance #_____

Marital Status_____Name of Spouse_____

Religion_____Church/Pastor_____

Previous Occupation_____

Additional information you would like to share_____

Children:

Name	Address	Telephone

Other close relatives (Please indicate Power of Attorney or Guardian if one exists):

Name	Address	Relationship

When would be your preferred timeframes for admission?_____

Who should be notified when admission becomes possible?_____

HEALTH HISTORY

Physician_____Phone_____

Other Physician Specialists_____Phone_____

Does the applicant wear: Eye glasses?_____ Hearing aide?_____ Dentures?_____

Necessary assistive devices?: Walker?_____ Cane?_____ Wheelchair?_____

Other assistive devices_____

Does the applicant have any allergies?____If so, please list?_____

Are there any diet restrictions?____If so, what are they?_____

Does the applicant sleep well at night?_____Usual bed time_____Hours of sleep_____

Does the applicant need assistance with toileting? ___Yes ___No Assistance with Personal Cares? If yes, please explain:_____

Please indicate any habits, such as smoking, chewing tobacco, etc._____

List known health problems and previous surgeries_____

List daily medications_____

Does the applicant have the following?:
Forgetfulness_____Confusion_____Wandering, if Yes, explain when this is most likely to occur_____

Additional information that would be helpful for us to be aware:_____

Have advance directives/ Health Care Power of Attorney been signed? ___Yes ___No

Does the applicant have a Durable Power of Attorney for finances?___Yes ___No
If yes, who are these designated persons?_____

Is a legal Guardianship in place? ___Yes ___No
Who is this person?_____

Please provide a copies with this application.

CURRENT LIVING SITUATION

What is the applicants living situation:
In their own home / apartment?_____
Currently lives alone?_____ Currently lives with family member or friend?_____

What are your biggest concerns with the present living situation?_____

GENERAL FINANCIAL INFORMATION

Monthly income:

Social Security	$_____
SSI	$_____
Disability insurance	$_____
Sale of property	$_____
Interest	$_____
Dividends	$_____
Net Rent/Lease	$_____
Retirement	$_____
Employment	$_____
Other	$_____

Assets:

Value of personal property (i.e., home, car,etc)	$_____
Cash on hand, plus savings, checking accts.	$_____
Stocks and other securities	$_____
Estimated loan value of life insurance	$_____
Estimated value of non-excluded property	$_____

Comments:_____
_____
_____
_____
_____
_____

Miscellaneous:

*Are you applying for Supplemental Security Income (SSI)?

____Yes ____No

*Are you applying for any other benefits through Human Services?

____Yes ____No

*Do you have a "Representative Payee" for your Social Security checks?

____Yes ____No

If yes, Name_____

Address_____

*Do you have a burial trust?
____Yes ____No Funeral Home_____

*This information provided by _____Date_____

ALL INFORMATION IS CONSIDERED CONFIDENTIAL AND ONLY USED FOR ADMISSION PURPOSES

THANK YOU
BETHEL HOME & SERVICES, INC.