



ADMISSION APPLICATION FOR NURSING CARE :
LONG - TERM STAY FOLLOWING HOSPITALIZATION

Return completed application to: ADMISSIONS phone 717.866.3504 fax 717.866.3291

In completing this application you are applying a long-term stay at StoneRidge Retirement Living. By submitting this application, you are in no way obligating yourself or a loved one to a stay of a designated time period. However, this application is to be completed with the understanding that a Medicare funded stay may not be of sufficient length to finish rehabilitation and that if admitted, the resident will pay out of pocket for any portion not covered by insurance.

Complete the following information to the best of your ability. Incomplete applications will not be reviewed.

COMMUNITY PREFERENCE (Contingent upon bed availability):

TOWNE CENTRE POPLAR RUN FIRST AVAILABLE BED

Name of Applicant _____ Home Phone _____

Date of Birth _____ SSN _____ M F

Address _____

Medicare Number _____ Long Term Care Insurance Yes No

Insurance _____ ID Number _____ RX Insurance Yes No

Reason for Placement _____

Name of Power of Attorney / Responsible Party _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name of Secondary Contact _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Tertiary Contact _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address _____



Do you have a prepaid funeral? Yes No Do you have a Living Will? Yes No

If not, who is in charge of your medical decisions? _____

Do you have a preference for funeral director? If so, please complete the below information.

Name _____ Phone _____

Address _____

What is your religious affiliation? _____ Do you attend church? Yes No

Name of church _____ Pastor _____

Address _____ Phone _____

Preference for hospital _____

Primary Physician _____ Phone _____

Specialist _____ Seen for _____ Phone _____

Specialist _____ Seen for _____ Phone _____

Known Allergies _____

Monthly Income _____ Monthly Expenses _____

Approximate value of liquid assets _____ Approximate value of non-liquid assets _____

Total Value of IRAs Held _____ Total Value of Money Market Account(s) _____

Total Value of CDs Held _____ Total Value of Checking Account(s) _____

Total Value of Stocks/Bonds _____ Total Value of Savings Account(s) _____

Total Value of Annuities _____ Total Value of Other Investments _____

Total Value of Real Estate Owned _____ Total of Other Valued Assets _____

AUTHORIZATION

In signing this agreement, I certify that the above information is true to the best of my knowledge and understand that this information will be used to determine eligibility for a long term stay at StoneRidge Retirement Living.

Signature of Applicant _____ Date _____

Relationship if not Applicant _____