

# APPLICATION FOR ADMISSION

*I hereby apply for admission to the Leland Home as a permanent resident:*

## SECTION 1

### PERSONAL INFORMATION

(Please Print)

Name in Full \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Circle one: Single Married Widow Widower

Name of husband or maiden name of wife \_\_\_\_\_

Date of Marriage \_\_\_\_\_

Date of Spouse's death \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Birthplace \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Mother's Birthplace \_\_\_\_\_

Children:

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>E-mail</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

(Continue on reverse side if necessary)

Names of brothers or sisters (living) or other near relatives:

<u>Name</u>	<u>Address</u>	<u>Phone</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Two references (other than relatives):

1. \_\_\_\_\_
2. \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Name and location of current church/parish/synagogue \_\_\_\_\_  
\_\_\_\_\_

Hobbies or Special Interests: \_\_\_\_\_  
\_\_\_\_\_

Former Occupation(s) \_\_\_\_\_

The Leland Home is a non-smoking facility. We are sorry, but we cannot accommodate people who smoke.

How did you hear about The Leland Home? \_\_\_\_\_  
\_\_\_\_\_

**STATISTICAL INFORMATION**

Medicare No. \_\_\_\_\_ Medex No. \_\_\_\_\_

Other Health Insurance \_\_\_\_\_

Funeral Arrangements: \_\_\_\_\_

Attorney (name, address, phone): \_\_\_\_\_

Executor of will (name, address, phone): \_\_\_\_\_

Person to contact in case of emergency - name, address, home phone, work phone, cell phone number(s), email address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION II**  
**MEDICAL INFORMATION**

Name, address and phone number of your primary care physician:

\_\_\_\_\_

Do you have any recurring or persistent health condition? Yes\_\_\_\_ No\_\_\_\_

If yes, please describe: \_\_\_\_\_

Are you currently taking any medication? Yes\_\_\_\_ No\_\_\_\_

If yes, list name(s) of medications \_\_\_\_\_

\_\_\_\_\_

Do you know of any condition (injury, disease, impairment) affecting your physical or mental health which is not referred to on the accompanying report by your physician? Yes\_\_\_\_ No\_\_\_\_

If yes, please describe: \_\_\_\_\_

(PLEASE NOTE: Any know physical or mental condition not disclosed prior to admission may be grounds for termination of residency.)

Please describe any special dietary needs: \_\_\_\_\_

\_\_\_\_\_

Applicants may be required to be examined by The Leland Home’s physician prior to acceptance as a resident. Do you agree to this examination, if necessary? Yes \_\_\_\_ No\_\_\_\_

Please check those activities with which you now need some assistance:

- Taking medication on a scheduled basis
- Using a telephone
- Climbing stairs
- Walking
- Getting out of bed
- Bathing or showering
- Preparing meals on a daily basis
- Dressing
- Getting in and out of a car
- Bladder or bowel control
- Personal and/or grocery shopping
- Laundry

Have you made provision for:

- |   |           |          |
|---|-----------|----------|
| Do Not Resuscitate(DNR)/Comfort Care Directives | Yes _____ | No _____ |
| Health Care Proxy                               | Yes _____ | No _____ |
| Power of Attorney                               | Yes _____ | No _____ |

(If yes, please be prepared to provide copies to the Leland Home on day of admission)

**CONFIDENTIAL**

**SECTION III**  
**FINANCIAL INFORMATION**

My monthly income from all sources is:

Social Security	\$ _____
Pensions	\$ _____
Interest & Dividends	\$ _____
Other _____	\$ _____
Other _____	\$ _____
TOTAL	\$ _____

My assets by general category are, as of the date of this application as follows:

Checking Accounts	\$ _____
Savings, C.D.'s, etc.	\$ _____
Stocks and Bonds	\$ _____
Real Estate	\$ _____
Annuities	\$ _____
Life Insurance (indicate full amount payable to others upon your death)	\$ _____
Other _____	\$ _____

Have you made substantial gifts or transfers for less than full value amounting in all to more than \$2,000 annually to any person, persons or organization in any of the previous three years? Yes \_\_\_\_ No \_\_\_\_

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is it your belief that your income and assets will be adequate to meet your Monthly Fee to the Leland Home and your other living expenses during your residence at the Home? Yes \_\_\_\_ No \_\_\_\_

If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION IV**  
**CERTIFYING SIGNATURES**

I hereby certify that the foregoing statements contained in this "Application for Admission" are true to the best of my knowledge and belief. I agree that I will not make substantial gifts or transfer assets of surplus income so that any remaining assets are insufficient to meet my financial obligation to the Leland Home.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_

Signature of Applicant

\_\_\_\_\_

Signature of Witness

\_\_\_\_\_

(For Leland Home Office)

Date Application Received \_\_\_\_\_

For The Leland Home \_\_\_\_\_  
(signature)