



ADMISSION APPLICATION

OFFICE USE ONLY:

Level of Care: _____
Room #: _____
Holding as of: _____
Admit Date: _____
Medical Record # _____
Code Status: _____

714 N. Division Street

Phone: 712-563-2651

Audubon, IA 50025

I hereby apply for admission as a resident of Friendship Home.

Resident admissions, room assignments, and resident services are provided without regard to race, color, national origin, disability, or age. Friendship Home will not deny admission to persons with a communicable disease, including, but not limited to, HIV, MRSA, and Hepatitis B, unless the State Health Department has concurred in our decision on a case-by-case basis.

Date of Application _____

1. Name _____
(LAST) (FIRST) (MIDDLE) (MAIDEN NAME)

(ADDRESS, CITY, STATE, ZIP)

2. Hospital stays in last 30 days: Acute _____ Skilled _____
(Days & Name of Hospital)

3. Telephone # _____ Social Security # _____

Medicare # _____ Medicaid # _____

Supplemental Insurance Name and Policy Number _____

Prescription Card _____

4. Race _____ 5. Date of Birth _____ 6. City/State of Birth _____

7. County of Birth _____ 8. Country of Birth _____ 9. Country of Citizenship _____

10. Primary Language _____ 11. Grade Completed in School _____

12. Marital Status Single _____ Married _____ Widowed _____ Divorced _____

13. Name of husband or wife (Maiden name) _____

14. Applicant's Previous Occupation _____ Spouse's Occupation _____

15. Mother's Name (Maiden name) _____ Father's Name _____

16. Are you a Veteran? _____ Is your spouse a Veteran? _____
If yes to either, which branch of the military? _____ Years of service? _____

17. Religious Preference (this question is optional)

Religious Domination _____ Church Membership _____

18. To whom should monthly statements, business mail, etc. be sent? Resident _____ Other _____

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NAME	COMPLETE ADDRESS – WITH ZIP CODE	PHONE	RELATIONSHIP
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19. Number of children born _____ List living children below:

NAME	COMPLETE ADDRESS WITH ZIP CODE	PHONE
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20. Other close relatives and their relationship to applicant (if any):

NAME	RELATIONSHIP	COMPLETE ADDRESS WITH ZIP CODE	PHONE
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21. Who is to be notified in case of emergency? **Please list at least 2 and in the order to be notified:**

Authorize the persons listed as emergency contacts to have access to all of my medical information.

NAME	COMPLETE ADDRESS WITH ZIP CODE	PHONE: Home # & Work #
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1st contact _____

2nd contact _____

3rd contact _____

4th contact _____

The following questions are required to be answered. If you have no preference for Dentist, Podiatrist, or Optometrist, please enter “No Preference”.

22. Pharmacy _____

23. Hospital Preference _____

24. Physician _____

25. Dentist _____

26. Podiatrist _____

27. Optometrist _____

28. Funeral Home preference _____
NAME COMPLETE ADDRESS WITH ZIP CODE PHONE

29. Do you have a Living Will? _____ (If yes, please attach copy.)

30. Are you a Full Code or Do Not Resuscitate? _____

31. Do you have a Durable Power of Attorney for health care? _____ (if yes, please attach copy.)

32. Do you have a Power of Attorney for financial? _____ (if yes, please attach copy.)

33. Do you have a Legal Guardian _____ Conservator named at this time? _____

If yes, please attach copy

RESIDENT RESPONSIBILITIES

1. A thorough medical examination by a licensed physician with his signed statement of the condition of my health is required before admission.
2. Friendship Home is not prepared to serve residents, who in the opinion of the medical staff of the Home require hospitalization or who are unduly mentally disturbed. The near relatives or guardian will be expected to cooperate with the administrator and staff in finding a suitable place to serve their care needs.
3. I agree to pay a 30 day advance payment on my room rate upon admission to the Friendship Home.
4. I assume responsibility for payment of all expenses and costs not expressly promised by the Home, such as expenditures of clothing, medicine, doctor, pads, shots, therapy, or other personal expenses.
5. I am also in agreement that should my assets or income become exhausted or be insufficient to meet the costs of my care, I am willing to apply for government assistance.
6. If admitted to Friendship Home, I promise to cooperate and make life within the Home pleasant and agreeable and to comply with the established operating procedures.
7. It is agreed that all personal property brought into the Home, such as furniture, lamps, radios, television, etc. will be properly marked for identification and that any property left over 30 days after resident has ceased to be a resident, becomes the property of the Home and can be disposed of at the Home's discretion.
8. The Home reserves the right to move a resident to another location within the Home when such a move is deemed advisable.
9. I understand that these articles of agreement are subject to change from time to time as the Board of Directors of the Home may determine.

According to my best knowledge, the information provided in the application is complete, accurate, and true. The undersigned does also hereby certify that the above agreement was read in fully by, or to, the applicant in our presence.

Date

Signature of Applicant or Responsible Party