



**Bethel Home, Inc., Eden Meadows, Elijah's Place, & Gabriel's Villa
Application for Admission**

This information will be utilized in a confidential manner by the professionals who will be assisting you in placement on the Miravida Living campus.

PERSONAL INFORMATION	
Name:	
_____	_____
(Last)	(First)
_____	_____
(Middle)	(Maiden)
Home Address:	
_____	_____
(Street)	(City)
_____	_____
(State/Zip)	(Phone)
Presently residing at:	
Where did the applicant live most of their adult life?	
Country and state of legal residence:	Social Security Number:
Date of birth:	Birthplace:
	Sex: F M
Marital Status: M S W Sep D	Marriage Date:
Name of spouse:	
Address of spouse if living:	

(If deceased, date of death)	
Father's name:	Mother's name:
Number of sisters:	Number of brothers:
Education (grade completed)	Former occupations:
Has applicant ever lived in any other retirement or nursing home?	
Where?	When?

When was applicant last hospitalized?

HEALTH INFORMATION

Physical, mental and emotional status:

Name of primary physician: Phone:

Name of dentist: Phone:

Other Physicians (foot doctor, eye doctor, allergist, ect.):

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

PERSONS TO BE KEPT INFORMED IN STATUS INCLUDING EMERGENCY, IN THE ORDER THAT YOU WOULD LIKE THEM NOTIFIED

1. Name _____ Phone: _____ Home: _____
Address _____ Work: _____
_____ Cell: _____
Relationship _____

2. Name _____ Phone: _____ Home: _____
Address _____ Work: _____
_____ Cell: _____
Relationship _____

3. Name _____ Phone: _____ Home: _____
Address _____ Work: _____
_____ Cell: _____
Relationship _____

4. Name _____ Phone: _____ Home: _____
Address _____ Work: _____
_____ Cell: _____

Relationship _____			
PLEASE COMPLETE THE FOLLOWING (AS APPLICABLE)			
POA of Health Care:		Phone:	Home: _____
Name _____			Work: _____
Address _____			
POA of Finances:		Phone:	Home: _____
Name _____			Work: _____
Address _____			
Living Will Document <input type="checkbox"/> YES <input type="checkbox"/> NO			
OTHER			
Guardian of Person _____			
Address _____		Phone:	Home: _____
_____			Work: _____
Guardian of Estate _____			
Address _____		Phone:	Home: _____
_____			Work: _____
Bill to _____			
ADMISSION			
Desired date of admission: _____			
Person to contact for admission:			
Name _____		Phone:	Home: _____
Address _____			Work: _____

Relationship _____			
What is the anticipated length of stay?			
A) Short Term B) Long Term C) N/A _____			
INSURANCE INFORMATION			
Medicare number: _____			
Medicaid number (Medical Assistance, Title 19): _____			
Medical Hospital Insurance (Plan A) Yes ____ No ____			
Medicare Medical Insurance (Plan B) Yes ____ No ____			
Health insurance plan:		Group Number:	ID/Policy number:
Address of plan:		City:	State: Zip:
Phone number: _____			
ADDITIONAL HEALTH INSURANCE			
Other health insurance plan:		Group Number:	
Address of plan:		City:	State: Zip:

Prescription Insurance Plan: Name: _____		Policy Number: _____	
MONTHLY INCOME INFORMATION – Applicant’s Source of Payment			
Social Security per month: \$ _____			
Veterans benefits per month: \$ _____			
Veterans Admin. Claim number: \$ _____			
Pension income per month: \$ _____		Company: _____	
Income from Savings/Annuities: \$ _____			
Other: Rental Property _____		\$ _____	Source: _____
PROPERTY AND FINANCIAL ASSETS			
Location and Description: _____			
Yearly Income: _____		Value: _____	Mortgage: _____
If no property owned presently, give location of last property owned: _____			
Year sold: _____		Sale price: _____	
Any gifts of money or transfers, and amounts: _____			
Stocks and Bonds: _____			
Savings account: _____	Balance: _____	Bank: _____	City: _____
Checking account: _____	Balance: _____	Bank: _____	City: _____
Certificates of Deposit: _____	Balance: _____	Bank: _____	City: _____
Individual Retirement Accounts: _____	Balance: _____	Bank: _____	City: _____
Other assets (specify type, value and location) _____			
BURIAL PREPARATIONS			
Prepaid funeral arrangements: Yes ___ No ___ Name of Funeral Home: _____			
Special information: _____			

In completing this application, I am aware the Miravida Living will rely upon the accuracy of my statements contained herein. I understood that I may be requested to update this application when Miravida Living considers it necessary. Therefore, I declare that all information provided in this application is true, full and complete.

Signature of person completing information _____ Date _____

FOR OFFICE USE ONLY Application received by _____ on _____
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