

The Ellis Nursing and Rehabilitation Center
135 Ellis Ave
Norwood, MA 02062

APPLICATION FOR ADMISSION

Date: _____

General Information:

Name of Applicant: _____ Age: _____

DOB: _____ Gender: _____ Marital Status _____ Religion: _____

Home address: _____

Home Phone: _____ Cell Phone: _____

Responsible Party or Next of Kin:

Name: _____ Relationship _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Legal Authority (guardian, POA, etc.) _____

Referred by: _____

Contact: _____ Phone: _____

Medical Information:

Name of Physician: _____ Phone: _____

Address: _____

Is physician recommending admission? _____

Financial Information:

Social Security # _____ Medicare # _____

Medex # _____ Other Insurance: _____

Subscriber: _____ Policy # _____

Medicaid #: _____ Date of Eligibility: _____

IF MEDICAID PENDING: Application submitted on _____

Name of Caseworker/Phone: _____

Is the applicant a Veteran or Spouse of a Veteran: _____

Income:

| Source | Amount | Frequency |
|---------------------|--------|-----------|
| Social Security | _____ | _____ |
| Pension | _____ | _____ |
| VA Benefits | _____ | _____ |
| Disability Benefits | _____ | _____ |
| Rent Income | _____ | _____ |
| Other Income | _____ | _____ |

Total Monthly Income from all sources: \$ _____

Burial Accounts and/or Funeral Home Preference:

Prepaid Funeral Arrangements () yes () no

Name of Funeral Home: _____

Address of Funeral Home: _____

Functional Status:

Ambulation: _____ Walker _____ Cane _____ Wheelchair _____

Cognitive _____ Oriented _____ Confused _____

Home Care Services used/using: _____

Primary Complaint: _____

Recent Hospitalizations:

Name of Hospital _____

Length of stay (dates) _____

Physician who followed _____

Primary Diagnosis _____

Secondary Diagnosis _____

Previous Nursing Home and/or Subacute Stay

Name of Facility (s) _____

Length of Stay (dates) _____

Contact: _____ Phone # _____

Insurance used: _____

Type of Placement Applicant is seeking:

Long-term _____ Short-term _____ Questionable _____ Respite care _____

Length of stay (dates) _____

Cash Assets (including stocks, bond, mutual funds, other property not primary, life insurance, etc.):

| <u>Name of Institution</u> | <u>Account Type</u> | <u>Present Balance</u> |
|----------------------------|---------------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Real Estate:

| <u>Type of Real Estate</u> | <u>Owned by</u> | <u>Estimated Value</u> |
|----------------------------|-----------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Are there any liens or mortgages against the property? () yes () no
If yes, what was transferred: _____ Amount: _____
Explain: _____

Transfer of assets in the last 60 months? () yes () no
If yes, what was transferred: _____ Amount: _____
Explain: _____

I certify that I have fully investigated the applicant's financial records and that this a true and complete statement of the applicant's current income and assets and any gifts or transfers for less than fair market value in excess of \$1,000 that the applicant has made within the 60 months prior to the date of this application.

Applicant: _____ Date: _____

Responsible Party: _____ Date: _____