

PROSPECTIVE RESIDENT

Please print

(Last Name)

(First Name)

DEMOGRAPHIC / PERSONAL

Present Street Address _____ City _____

State _____ Zip _____ Phone _____

Date of Birth ____ / ____ / ____ Age _____ Social Security # ____ - ____ - ____

Male / Female Race: Caucasian African American Hispanic Native American Asian

Former Occupation _____ Religious Preference _____

Single Widowed Separated Divorced Married Spouses' Name _____

Parking an automobile in the facility parking lot? Make _____ Year _____

Model _____ Color _____ License Plate # _____

LEGAL DOCUMENTS / ADVANCED DIRECTIVES / DNRCC / DNRCC-ARREST

Please indicate if you have initiated any of the following documents

- General Power of Attorney Yes No If yes, who? _____
- Legal Guardian Yes No If yes, who? _____
- Durable Power of Attorney For Healthcare Yes No If yes, who? _____
- Living Will Yes No If yes, who? _____
- Ohio DNRCC Yes No If yes, who? _____
- Ohio DNRCC-ARREST Yes No If yes, who? _____

• **Please Note – if you have indicated yes to having any of the above documents, you must provide a copy to the facility on or before move-in. Please speak to the Facility Administrator regarding additional information about these documents and their purpose.**

Does someone else assist you with your finances? Yes No If yes, who? _____

Mail Monthly Statement to: Resident or Other Name: _____

Address: _____ State: _____ Zip: _____

Do you have pre-planned final arrangements? Yes No If yes, where? _____

Name of Funeral Home _____

Address _____ Phone # _____

SIGNIFICANT OTHERS (FAMILY, FRIEND, JOINT ACCOUNT HOLDER - List in order of emergency contact preference)

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____ (Cellular) _____

SIGNIFICANT OTHERS (FAMILY, FRIEND, JOINT ACCOUNT HOLDER - List in order of emergency contact preference)

Name _____ Relationship _____
Street Address _____
City _____ State _____ Zip _____
Phone (Home) _____ (Work) _____ (Cellular) _____

Name _____ Relationship _____
Street Address _____
City _____ State _____ Zip _____
Phone (Home) _____ (Work) _____ (Cellular) _____

LEGAL RELATIONSHIP (ATTORNEY, LEGAL GUARDIAN, P.O.A representing the individual)

Name _____ Relationship _____
Street Address _____
City _____ State _____ Zip _____
Phone (Home) _____ (Work) _____ (Cellular) _____

Name _____ Relationship _____
Street Address _____
City _____ State _____ Zip _____
Phone (Home) _____ (Work) _____ (Cellular) _____

MEDICAL

Medicare # _____ Part B Yes No

Medicaid No Yes # _____

Health Insurance Company

Primary _____
Policy Holder _____
Policy or Group Number _____
Address _____ City _____ State _____ Zip _____

Secondary _____
Policy Holder _____
Policy or Group Number _____
Address _____ City _____ State _____ Zip _____

Doctors (General Physician, Podiatrist, Optometrist, Etc.)

Name _____ Type _____
Hospital _____ Phone _____
Address _____
Office Address _____ Office Phone _____

Name _____ Type _____
Hospital _____ Phone _____
Address _____
Office Address _____ Office Phone _____

Name _____ Type _____
Hospital _____ Phone _____
Address _____
Office Address _____ Office Phone _____

FINANCIAL

Neither the federal government nor the State of Ohio offers any financial assistance for assisted living environments of our nature. If the resident is no longer able to meet the rental fee obligations as stated in the resident contract, the residential suite must be vacated. Assistance, in this case, may be offered by the Berea Lake Towers personnel for a suitable transfer to an appropriate health care center.

If a resident needs services or accommodations beyond that which Berea Lake Tower's provides or agrees to provide, the Facility Administrator shall assist in further placement/transfer to an appropriate health care facility to maximize the ensuring of a continuity of care.

Ohio Revised Code Sec. 3721.19. (2), "This home is not a participant in the medical assistance program administered by the Ohio department of human services. Consequently, you may be discharged from this home if you are unable to pay for the services provided by this home".

FULL DISCLOSURE

I STATE THAT THE INFORMATION PROVIDED BY ME IN THE ENTIRETY OF THE APPLICATION PACKET & ADMISSIONS PROCEDURE IS TRUE, FULL AND ACCURATE. SHOULD THIS INFORMATION REQUIRE CHANGE AND/OR UPDATING IN ANYWAY, I (OR MY RESPONSIBLE PARTY) WILL NOTIFY THE OFFICE.

I HEREBY MAKE FORMAL APPLICATION FOR RESIDENCY AT BEREA LAKE TOWERS.

Signature of Prospective Resident Date

Signature of Responsible Party Date