



APPLICATION FOR ADMISSION

The information contained in this application will be held in strict confidence. This application does not constitute any guarantee of admission. However, upon admission, the application becomes a part of the Admission Agreement. Please complete the application in its entirety including the financial statement on the following pages. Information should be only for the person being considered for admission. ** Please provide a copy of any insurance and prescription cards at time of admission.

APPLICANT:

Full Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Date of Birth: _____ Birth Place/State: _____ Age: _____ Sex: _____

Marital Status: _____ Former Occupation: _____

Social Security Number: _____ Medicare Number: _____

Medicaid: _____ Co-Insurances (Name, Address, Policy Number): _____

Are you a Veteran? _____ Is your spouse a veteran? _____

Spouse's Name: _____ Birthdate of spouse: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY THE FOLLOWING (Please list in order of preference):

1. Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell: _____

Work: _____ Email: _____

2. Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell: _____

Work: _____ Email: _____

3. Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell: _____

Work: _____ Email: _____

4. Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell: _____

Work: _____ Email: _____

CHURCH:

Religion: _____ Name of Church and Pastor: _____

Address, City, State, Zip: _____ Phone Number: _____

PHYSICIANS:

Name: _____ Phone Number: _____

Address, City, State, Zip: _____

Name: _____ Phone Number: _____

Address, City, State, Zip: _____

DENTIST:

Name: _____ Phone Number: _____

Address, City, State, Zip: _____

PHARMACY:

Name: _____ Phone Number: _____

Address, City, State, Zip: _____

HOSPITAL:

Name: _____ Phone Number: _____

Address, City, State, Zip: _____

FUNERAL HOME PREFERENCE:

Name: _____ Phone Number: _____

Address, City, State, Zip: _____

Applicant is moving from: _____

Applicant was referred by: _____

Describe Applicant's Illnesses/Diagnoses: _____

Dates of previous stay in nursing home: Skilled Care: _____ **Intermediate care:** _____

Does applicant have any of the following:

	Yes	No	Name of POA, Conservator, Guardian
Living Will	<input type="checkbox"/>	<input type="checkbox"/>	_____
Financial Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medical Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>	_____
Conservator	<input type="checkbox"/>	<input type="checkbox"/>	_____
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	_____

****Please provide a copy of any documents marked "yes".**

FINANCIAL STATEMENT (For applicant only)

MONTHLY INCOME:

- 1. Social Security \$ _____
- 2. Pension \$ _____
- 3. Interest and Dividends \$ _____
- 4. Other income \$ _____
- _____ \$ _____
- _____ \$ _____
- Monthly Total (Add lines 1 through 4) \$ _____

ASSETS AND LIABILITIES:

- A. Assets owned jointly and severally by the admitting applicant and other person(s) which are available to the applicant only.
 - 1. Real Estate \$ _____
 - 2. All other assets (i.e. stocks, bonds, mutual funds, savings accounts, Certificate of Deposits, etc.) \$ _____
 - 3. Less: Off Setting Liabilities (if not already included above) \$ _____
- Net assets owned which are available to the applicant only \$ _____

B. Other assets in which the admitting applicant has an interest (Describe property and interest held):

C. Nursing Home Insurance or Long-Term Care Insurance (for the admitting applicant only):
Name of Insurance Company: _____
Address: _____ Phone Number: _____
Policy Number(s): _____
\$ _____ Per day for _____ years

I certify that the information I have provided in the foregoing application is true and correct and that I am signing as the responsible party. I have either been authorized to provide the information contained in this application or am acting as the applicant's guardian and/or conservator. I understand that The Perry Lutheran Home is relying on the accuracy of the information provided in this application in order to make a decision on admission. I understand and agree that misrepresentation as to any information provided in this application is grounds for rejection of this application. I further understand and agree that if any misrepresentation as to any information provided in this application is discovered after admission, and admission would not have been granted if the correct information had been provided, or if it is discovered after admission that assets have been transferred which materially alter the applicant's personal net worth, the Perry Lutheran Home reserves the right to pursue any legal equitable or other remedies it may have against the applicant and/or responsible party signing the application below on behalf of the applicant.

I further understand that The Perry Lutheran Home is committed to promoting good health and safety among its residents and there, **SMOKING BY RESIDENTS IS PROHIBITED ON FACILITY PROPERTY.**

Applicant/Responsible Party: _____ Date: _____

Perry Lutheran Home
Iowa Sex Offender Registry Check

As part of the Perry Lutheran Home admission protocol, we check new residents to confirm they are not on the Iowa Sex Offender Registry. We employ this protocol to maintain a safe living and working environment for all residents and staff in our community.

On or after July 1, 1995, an individual who has been convicted or adjudicated of a criminal offense against a minor, sexual exploitation, or a sexually violent crime or who was on probation, parole, or work release state, or who was incarcerated on or after July 1, 1995 is required to register. Registration does include individuals that have received a deferred sentence or deferred judgements and can include convictions from other jurisdictions such as other states and/or federal convictions.

The information on the official website is provided from the Iowa Sex Offender Registry to the public pursuant to Iowa Code chapter 692A. The purpose of this information is to allow members of the public a means to protect themselves from individuals who have committed an offense that requires registration on the Sex Offender Registry.

I understand that I am giving consent for the Perry Lutheran Home to access the Registry and search my name. I also understand that my admission is conditional upon my passing an Iowa Sex Offender Registry check.

Applicant's Name (print): _____ Date of Birth: _____

Social Security Number: _____

Signature of Applicant/ Responsible Party: _____

Date: _____

Perry Lutheran Homes: Life History and Preferences

This information will be shared with the care team. It is used to help us provide the best and most personalized care for your loved one. Please answer each question to the best of your ability.

Please include a favorite photo of your loved one (this can be scanned and returned to you).

Full Name:

Nickname/Preferred name:

Name of person filling this out:

Relation:

Growing up

Where was he/she born and lived throughout his/her childhood:

Parents' names and occupations:

Siblings—names, where are they now, what are their relationships like:

Hobbies and interests as a child/teenager:

Education and where (highest level, one room school house):

Activities in school:

Adulthood

Military Service:

Military branch:

Where and when:

Work history:

Hobbies and interests:

Marital and/or relationship history:

Date of marriage(s):

What is his/her spouse like (personality, occupation, etc.):

Children—names, where are they now, and what are the relationships like:

What was his/her personality like before becoming ill? (introvert, extrovert, etc.)

Faith and spiritual status (religion, church member, how active, significant spiritual symbols, traditions):

Favorite Bible verse and/or quote:

Traumatic life events (death of child, war, loss of spouse, The Depression, abuse, etc.):

Present time

Mental health history:

Who does he/she trust the most:

What is his/her exact morning routine (early riser or sleeps in, grooming before or after dressing, habits of a lifetime)?

What is his/her exact evening routine (time they go to bed, grooming, evening activity, how do they relax)?

What is his/her exact bathing routine (morning or night, soap bar, washcloth, sponge bath)?

What are their “habits of a lifetime?” (daily activities, housework they enjoy, nap time, usual eating times, drinking, walking, working, etc.)?

What causes him/her stress (noise, people, certain subjects, etc.)?

What things help him/her to feel calm, happy, safe (music, hugs, etc.):

What is he/she most proud of or makes him/her feel valued (talents, occupation, family):

Describe where they consider home to be:

(ex. Childhood home- One story house on a country road with cows nearby, ranch, Victorian, etc.)

Describe two stories that your loved one enjoyed telling (it might help staff to connect):

Goals for your loved one while at Perry Lutheran Home:

What else would you like us to know?

Preferences

Showers, tub bath, sponge baths:

Early bird or night owl:

Does he/she prefer independent activities, small groups or large groups?

Favorite foods:

Favorite beverage:

Foods he/she dislikes:

Favorite music:

Favorite TV programs/Movies:

Favorite time of the year (holiday, season):

How were holidays and birthdays celebrated?

What type of clothing does he/she prefer (dresses, sweatpants, shoes, coloring of clothing, hats)?

Does he/she like cats, dogs or any other animal?

What makes your day? (ie. cup of coffee in the morning, petting a dog, ice cream after dinner, listening to music)

Any other preferences that are important for us to know?

