

APPLICATION FOR ADMISSION

The undersigned hereby makes application to be a resident of the Daggett-Crandall-Newcomb Home, Inc.

Name of Applicant _____ Telephone # _____

Address _____ Date of Birth _____

_____ Birthplace _____

Sex _____ Marital Status _____ Social Security# _____

Medicare Ins.# _____ Medicare Ins. Coverage A _____ B _____

Other Medical Insurance _____

Occupancy Desired: Single with shared bath _____ Double with shared bath _____

Single with private bath _____ (if available) Double with private bath _____ (if available)

Name of Spouse _____ Birthplace _____

Submit Bills to:

Name _____ Relationship _____

Address _____ Telephone# _____

Emergency contacts:

Name _____ Relationship _____

Address _____ Telephone# _____

Funeral Home to be Used _____

I HAVE SUBMITTED THE PRE-ADMISSION medical Questionnaire and pre-admission Financial Disclosure. I acknowledge that I/we have read, reviewed the following: Application Policy, Resuscitation Policy, Room rates, Resident Handbook, Notice of Resident's Rights, Medicare Reimbursement Policy and Admission Agreement.

In the event I am accepted for admission I agree to execute the Admissions Agreement. I also understand that as a condition of admission I must have a valid Healthcare Proxy and Power of Attorney.

Signature of Applicant: _____ Date: _____

Do Not Write Below This Line

Admissions Committee Recommendation: Yes _____ No _____

Signature _____ Date _____

Physician Recommendation: Yes _____ No _____

Signature _____ Date _____