



Perry
Lutheran
Home

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.

APPLICANT:

Name		Street Address/Box Number
City, State, Zip Code	County	Area Code/Telephone Number
Date of Birth	Birth Place/State	Age
Marital Status (check one): <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D	Former Occupation: _____	
Social Security Number	Medicare Number	Medicaid Number
List Co-Insurances: Name, Address, Town, State, Zip Code and Policy Number(s)		

CHURCH:

Name of Church	Name of Pastor
Street Address/Box Number, City, State, Zip Code	Area Code/Telephone Number
Have you or your spouse ever served in the Armed Services? <input type="checkbox"/> Y <input type="checkbox"/> N	Branch: _____

PHYSICIANS:

Name	Area Code/Telephone Number
Street Address/Box Number, City, State, Zip Code	
Name	Area Code/Telephone Number
Street Address/Box Number, City, State, Zip Code	

DENTIST:

Name	Area Code/Telephone Number
Street Address/Box Number, City, State, Zip Code	

PHARMACY:

Name	Area Code/Telephone Number
Street Address/Box Number, City, State, Zip Code	

HOSPITAL:

Name	Area Code/Telephone Number
Street Address/Box Number, City, State, Zip Code	

RESIDENT IS BEING ADMITTED FROM: _____

RESIDENT WAS REFERRED BY: _____

DESCRIBE PATIENT ILLNESSES: _____

PREVIOUS STAY IN NURSING HOME: _____ Skilled Care _____ Intermediate Care _____
Date Date

DOES APPLICANT HAVE:

Title of Document	Yes	No	Name of POA's, Conservator, Guardian
Living Will	<input type="checkbox"/>	<input type="checkbox"/>	_____
Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>	_____
Conservator	<input type="checkbox"/>	<input type="checkbox"/>	_____
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	_____

Note: Please provide a copy of any documents marked "yes".

FUNERAL HOME PREFERENCE: _____
Name

_____ Street Address/Box Number, City, State, Zip Code

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

Name, Mailing Address, City, State, Zip Code	Relationship	Area Code/Telephone Numbers: Home, Work, Cell

PERSON RESPONSIBLE FOR ACCOUNT (Please provide documentation of Financial POA):

Name, Mailing Address, City, State, Zip Code	Relationship	Area Code/Telephone Numbers: Home, Work, Cell

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 (for the admitting applicant only):

Name of Insurance Company

Street Address/Box Number, City State, Zip Code

Area Code/Telephone 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, therefore, **SMOKING BY RESIDENTS IS PROHIBITED ON FACILITY PROPERTY.**

By: _____
APPLICANT/RESPONSIBLE PARTY

DATE

Perry Lutheran Home

Iowa Sex Offender Registry Check:

As part of the Perry Lutheran Home admission protocol, we check new tenants 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 tenants 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 status, 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 judgments 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.

PRINT Applicant's Name

Date of Birth

Social Security Number

SIGNATURE Applicant/Responsible Party

Date