

**Sunset Home of Waterville
Application for Admission**

Applicant Identification

Name of Applicant: _____

Will this be your first stay at Sunset Home? YES NO

If no, please indicate number of stays: # _____

Projected Admission Date: _____

Current Living Situation:

_____ Private home/apartment	_____ Other assisted living facility
_____ Nursing facility	_____ Psychiatric hospital
_____ Skilled Nursing facility	_____ Acute care hospital
_____ MR/DD Facility	_____ Rehabilitation Hospital

Applicants date of birth: _____

Marital Status: _____

Primary Physician : _____

Address: _____

Telephone: _____

Fax: _____

Alternate Physician: _____

Address: _____

Telephone: _____

Fax: _____

Dentist: _____

Address: _____

Telephone: _____

Fax: _____

First to Notify / Emergency Contact

First to notify in the event of an emergency: _____

Relationship: _____

Complete Address: _____

Home Phone: _____ Cell: _____

Work Phone: _____ Fax: _____

Email: _____ Pager: _____

Pay Source

MEDICAID (MAINECARE) #: _____

If no number, have you applied for Medicaid (MaineCare)? YES NO

If yes, when? Date: _____

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Insurance

Medicare A/B:	#			
Medicare D:	#			
Medicaid:	#			
Primary Payor:				
Social Security:	#			
Medicare D Carrier:		Part A:	YES	NO
Medicare D Effective Date:		Part B:	YES	NO
Medicaid Rev. Date:				
BCBS:	#	BC Group:	#	
Other:	1	Claim #:	1	Group #: 1
	2		2	2
	3		3	3

Clinical Data

Hospital Choice: _____

Advanced Directives: Do Not Resuscitate: _____ Living Will: _____

Power of Attorney: _____

Allergies: 1 _____

2 _____

3 _____

4 _____

5 _____

Diagnoses (DX): 1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

Hospital Admission DX: _____

Therapeutic Diet: _____

Applicants Previous Address: _____

Telephone: _____

Pay Source

Private Pay for: 6 months _____ 12 months _____ More than 12 months _____

The current private pay private room rate is: \$ _____

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Financial Information

Monthly Income of Applicant:	Amount: \$	_____
Real Estate Assets of Applicant:	Amount: \$	_____
Financial Assets of Applicant:	Amount: \$	_____
Debts and Liabilities of Applicant:	Amount: \$	_____

Contacts

Financial Contact: _____
Relationship: _____
Complete Address: _____
Home Phone: _____ Cell: _____
Work Phone: _____ Fax: _____
Email: _____ Pager: _____

Second to Notify: _____
Relationship: _____
Complete Address: _____
Home Phone: _____ Cell: _____
Work Phone: _____ Fax: _____
Email: _____ Pager: _____

Third to Notify: _____
Relationship: _____
Complete Address: _____
Home Phone: _____ Cell: _____
Work Phone: _____ Fax: _____
Email: _____ Pager: _____

Guardian, Conservator, Legal Representative: _____
Complete Address: _____
Home Phone: _____ Cell: _____
Work Phone: _____ Fax: _____
Email: _____ Pager: _____

Other

Language Spoken/Communication Method: _____
Religion: _____ Church/Parish: _____
Pharmacy Choice: _____
Optician: _____ Phone/Town: _____
Podiatrist: _____ Phone/Town: _____
Discharge Plan: _____
Mortuary: _____ Phone/Town: _____
Other Special Care Required: _____

Sunset Home of Waterville

Application for Admission

Activities of Daily Living & Mood and Behaviors

Cognitive Patterns

Short-term memory: OK _____ Problem _____
 Long-term memory: OK _____ Problem _____

Cognitive Skills for Daily Decision-Making

Independent _____
 Modified difficulty (Difficulty in situations only) _____
 Moderately impaired (Decisions poor; Cues/supervision required) _____
 Severely impaired (Rarely/never makes decisions) _____

Hearing

Hears adequately (Normal talk/TV) _____
 Minimal difficulty (When not in quiet setting) _____
 Hears in special situations only (Speaker must adjust time/speak distinctly) _____
 Highly impaired _____
 Hearing aid used _____

Vision

Adequate (sees regular print in newspaper/books) _____
 Impaired (Sees large print only) _____
 Moderately impaired (Not able to see newspaper headlines but identifies objects) _____
 Highly impaired (Unable to identify objects but eyes follow objects) _____
 Severely impaired _____

Making Self Understood

Understood _____
 Usually understood (Difficulty finding words/finishing thoughts) _____
 Sometimes understood (Ability is limited to making concrete requests) _____
 Rarely/never understood _____

Ability to Understand Others

Understands _____
 Usually understands (May miss some part or intent of message) _____
 Sometimes understands (Responds adequately to simple/direct communication) _____
 Rarely/never understands _____

Continence

Bladder

Bowel

Continent _____
 Usually continent (1x/week or less) _____
 Occasionally incontinent (2 or more a week/but not daily) _____
 Frequently incontinent (Daily but some control present) _____
 Incontinent _____

Behaviors

Wandering _____ example: _____
 Verbal abuse _____ example: _____
 Physical abuse _____ example: _____
 Socially inappropriate/disruptive _____ example: _____
 Resists care _____ example: _____
 Intimidating behaviors _____ example: _____

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Activities of Daily Living & Mood and Behaviors (continued)

	Bed Mobility	Transfer	Locomotion	Dressing	Eating	Toileting	Personal Hygiene
Independent							
Supervision							
Limited assistance							
Extensive assistance							
Total dependence							

	Bathing
Independent	
Supervision	
Physical help with transfer only	
Physical help in part of bathing	
Total dependence with bathing	

	YES	NO	DESCRIBE
Nutritional problems			
Skin problems			
Fall history			
Sleep pattern disturbance			
Indicators of depression			
Indicators of sad mood			
Indicators of anxiety			
Insulin or glucometer tests			
Oxygen			
Splint/brace			
Unsettled relationships			

	Number #
Hospitalization in past 12 months (# of times admitted for an overnight stay)	
Emergency room visits in past 12 months (without an overnight stay)	
Physician visits in past 12 months (how many days has a physician/assistant/practitioner examined)	
Psychiatric stay in past 12 months	
Outpatient surgery in past 12 months	

MEDICATIONS

I give permission for my physician to release information to Sunset Home of Waterville regarding my medical history and current condition. In addition, I authorize my legal representative listed below to release any information regarding my finances, which will confirm the veracity of the information on this application. I understand that falsification of the above information will render my application null and void.

Name of Applicant (resident): _____

Signature of Applicant/Legal Representative: _____

Date: _____