



Bethany Village

Admission Application

This form is the utmost significance to both the future resident and to our facility. The information requested is necessary in consideration of this resident's application. The signature required at the end of this form authorizes Bethany Village or its agents to verify the information. The applicant(s) understand that Bethany Village may cancel any admission granted if this application contains any false or misleading information.

Section One: Applicant

Name of Applicant: _____

Current Address: _____

Telephone Number: () _____ Sex: () Male () Female Age: _____

Date of Birth: _____ Place of Birth: _____

Are you a veteran or a spouse of a veteran? () Yes () No

Social Security Number: _____ Previous Occupation: _____

Medicare Number: _____ Part A: () Yes () No Part B: () Yes () No

Blue Cross/Blue Shield 65 Special: () Yes () No Number: _____

Other Health Care Insurance: _____ Number: _____

Marital Status: () Single () Married () Widowed () Separated () Divorced

Name & Address of Spouse: _____

Religion & Church: _____ Phone Number: _____

Hospital Preference: _____

Do you have a living will or advance directive? () Yes () No **If yes, please attach copy.**

Do you have funeral arrangements pre-arranged? () Yes () No

Funeral Director: _____ Phone Number: _____

Does someone have a Durable Power of Attorney on your behalf? () Yes () No **If yes, complete the following.**

Name: _____ Phone Number: _____

Address: _____ Relationship: _____

In case of emergency notify: _____ Phone Number: () _____

Address: _____

Email: _____

Attending Physician: _____ Phone Number: () _____

Address: _____

Podiatrist: _____ Phone Number: () _____

Address: _____

Dentist: _____ Phone Number: () _____

Address: _____

Eye Doctor: _____ Phone Number: () _____

Address: _____

Date of Last Dental Exam: _____ Date of Last Eye Exam: _____

Life Insurance Company: _____

Address: _____

In an emergency or death, and for payment of all bills, my statement of charges will be paid by:

Name: _____

Address: _____

Section Two: Accommodations

Type of accommodation requested: () Shared Accommodations () Private Suite

Do you require: Cable TV Service in your room? () Yes () No Telephone Service? () Yes () No

Expected date of Occupancy: _____

Section Four: Financial Information (Current Monthly Income)

Social Security: \$ _____ Supplemental Security Income (SSI): \$ _____
Veteran's Benefits: \$ _____ Railroad Retirements Benefits: \$ _____
Pension: \$ _____ Source: _____
Other Income: \$ _____ Source: _____
Black Lung: \$ _____ **Total Monthly Income:** \$ _____

Section Five: Resources

Burial Reserve: \$ _____ Bank: _____
Savings Account: \$ _____ Bank: _____
Checking Account: \$ _____ Bank: _____
Certificates of Deposit: \$ _____ Bank: _____

Is bank account in your name only () Yes () No

If no, whose name is also on the account? _____

Address: _____ Phone Number: () _____

Stocks or Bonds: \$ _____ Property Owned: \$ _____

Company Handling Securities: _____ Rental Income: \$ _____

To be completed upon admission:

I DECLARE THAT ALL STATEMENTS MADE HEREIN ARE COMPLETED AND TRUE ACCORDING TO MY BEST KNOWLEDGE. IF ACCEPTED FOR ADMISSION, I FURTHER AGREE TO THE CHARGE OF \$ _____ PER DAY TO BE BILLED MONTHLY FOR RESIDENCE AT BETHANY VILLAGE

Resident Signature Date

Resident Signature Date

To be placed on our waiting list, please send completed application and a check in the amount of \$ 500⁰⁰ payable to Bethany Village. When you are admitted to Bethany Village this deposit will be applied to your first bill. this deposit is 100% refundable.