FAIRVIEW HAVEN RETIREMENT COMMUNITY

PUTTING THE GOLD BACK INTO THE GOLDEN YEARS **Admission Application – Page 1**

605 N. Fourth Street, Fairbury IL 61739 • (815) 692-2572 • Fax: (815) 692-4257 • email: fairview@Route24.net • www.fairviewhaven.org

APPLICANT NAME:			PHYSICIAN:	APPLICATION DATE:
ADDRESS:			PHYSICIAN CITY/PHONE:	
CITY, STATE, ZIP:			DIAGNOSES:	
HOME PHONE:				
CELL PHONE:				
DATE OF BIRTH:	SEX: **M F**	RACE:	ALLERGIES:	
BIRTHPLACE:	HIGHEST LEVEL OF EDUCATION:		**HAVE YOU EVER COMMITTED A FELONY? Y N** **ARE YOU A REGISTERED SEX OFFENDER? Y N**	
SOCIAL SECURITY NUMBER:	MEDICARE NUMBER:		**DO YOU SMOKE? Y N DO YOU USE ALCOHOL? Y N** **USE ILLEGAL DRUGS OR OTHER CONTROLLED SUBSTANCES? Y N**	
MEDICAID NUMBER:	MEDICARE PART D/DRUG CARD?		DO YOU HAVE ANY COMMUNICATION DEFICITS OR DIFFICULTIES? DESCRIBE:	
FAIRVIEW HAVEN IS A PREFERRED PROVIDER FOR HEALTH ALLIANCE AND UNITED HEALTH CARE (UHC) (MEDICARE ADVANTAGE PLANS). IF YOU ARE ENROLLED IN ONE OF THESE PLANS, PLEASE CIRCLE THE SPECIFIC PLAN.			HAVE YOU EVER BEEN DIAGNOSED WITH SERIOUS MENTAL ILLNESS OR DEVELOPMENTAL DISABILITY? HAVE YOU EVER BEEN HOSPITALIZED FOR SERIOUS MENTAL ILLNESS? DESCRIBE:	
MEDICARE PART A? Y N	**MEDICARE PART B? Y N**			
CHURCH AFFILIATION:	MINISTER:		DO YOU USE EQUIPMENT OR APPLIANCES (I.E. CPAP, WALKER, ETC.)?	
CHURCH ADDRESS/PHONE:				
DENTIST:			DID YOU SERVE IN THE MILITARY?	IF SO, DO YOU UTILIZE THE VA FOR MEDICATIONS?
PREFERRED HOSPITAL:			HAVE YOU HAD ANY PREVIOUS STAYS IN A NURSING HOME/RETIREMENT COMMUNITY?	
PREFERRED FUNERAL HOME:			DESCRIBE PRIOR LIVING CONDITIONS:	
ARE YOU A US CITIZEN?	PRIMARY LANGUAGE:		ADVANCE DIRECTIVES (CIRCLE ALL THAT APPLY): **HEALTH CARE POWER OF ATTORNEY** **LEGAL GUARDIAN** **FINANCIAL POWER OF ATTORNEY** **LIVING WILL** **DO-NOT-RESUSCITATE (DNR)** **FULL CODE (CPR)** ► **FAIRVIEW HAVEN NEEDS A COPY OF ALL ADVANCE DIRECTIVES**	
CAREER:	MARITAL STATUS: **S M W D**			
SPOUSE:	SPOUSE EMAIL:			
SPOUSE ADDRESS:			HEALTHCARE POA NAME:	HC-POA EMAIL:
SPOUSE PHONE & CELL PHONE:			HC-POA ADDRESS:	
CHILD:	CHILD EMAIL:		HC-POA PHONE & CELL PHONE:	
CHILD ADDRESS:			FINANCIAL POA NAME:	FINANCIAL POA EMAIL:
CHILD PHONE & CELL PHONE:			FINANCIAL POA ADDRESS:	
CHILD:	CHILD EMAIL:		FINANCIAL POA PHONE & CELL PHONE:	
CHILD ADDRESS:			TYPE OF PLACEMENT DESIRED: (CIRCLE ALL THAT APPLY) **PRIVATE ROOM (FVH)** **SEMI-PRIVATE (FVH)** **SUITES (INDEPENDENT APTS.)** **LONG-TERM LIVING** **ESTATES (ASST. LIVING)** **SHORT-TERM STAY**	
CHILD PHONE & CELL PHONE:				
CHILD:	CHILD EMAIL:		ANY OTHER COMMENTS OR CONCERNS (I.E. RECENT FALLS):	
CHILD ADDRESS:				
CHILD PHONE & CELL PHONE:				
SIGNATURE OF APPLICANT OR RESPONSIBLE PARTY:	DATE:		**NOTE: A ONE-TIME ADMISSION FEE OF $500 IS CHARGED AT TIME OF ADMISSION TO THE FAIRVIEW HAVEN RETIREMENT COMMUNITY.**	

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THE FOLLOWING INFORMATION IS CONFIDENTIAL AND WILL ONLY BE USED IN RELATION TO THE POSSIBLE ADMISSION OF APPLICANT TO FAIRVIEW HAVEN. FAIRVIEW HAVEN HAS NO EXPECTATION OF FINANCIAL CONTRIBUTION FROM THIS PERSON OTHER THAN THE PAYMENT OF HIS/HER OWN BILL. PERSONAL FINANCES WILL NOT BE THE ONLY CRITERIA AFFECTING ADMISSION.

INCOME

APPLICANT SOCIAL SEC. INCOME:	SPOUSE SOCIAL SEC. INCOME:
APPLICANT PENSION:	SPOUSE PENSION:
APPLICANT INTEREST/DIVIDENDS:	SPOUSE INTEREST/DIVIDENDS:
APPLICANT RENTAL INCOME:	SPOUSE RENTAL INCOME:
APPLICANT OTHER INCOME:	SPOUSE OTHER INCOME:
APPLICANT SUPPLEMENTAL SECURITY INCOME:	SPOUSE SUPPLEMENTAL SECURITY INCOME:
APPLICANT TOTAL INCOME:	SPOUSE TOTAL INCOME:

LONG-TERM CARE INSURANCE COMPANY:

ADDRESS:

PHONE:

POLICY NUMBER:	DAILY RATE:

SUPPLEMENTARY INSURANCE:

ADDRESS:

PHONE:	POLICY NUMBER:

MEDICARE PRESCRIPTION DRUG PLAN:

ADDRESS:

PHONE:	POLICY NUMBER:

ASSETS

DO YOU OWN YOUR PRIMARY RESIDENCE?

IN WHOSE NAME IS YOUR PRIMARY RESIDENCE?	APPROXIMATE VALUE OF PRIMARY RESIDENCE:

	APPLICANT:	SPOUSE:
VALUE OF OTHER REAL ESTATE OWNED:		
CHECKING/CASH:		
SAVINGS/CDs:		
STOCKS/BONDS:		
TOTAL ASSETS:		
OUTSTANDING LOANS OR DEBTS:		
LIENS/SECOND MORTGAGES:		

PREPAID BURIAL? WHERE?

ADDITIONAL INFORMATION OR COMMENTS:

ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE. ALL ASSETS AND INCOME LISTED ARE AVAILABLE TO BE USED FOR THE CARE OF APPLICANT IN THE EVENT THAT LONG-TERM CARE IS NEEDED. (NOTE: THIS FINANCIAL STATEMENT WILL BE REVIEWED AND REVISED IF NECESSARY AT TIME OF ADMISSION.)

SIGNATURE OF APPLICANT OR RESPONSIBLE PARTY:	DATE:

NOTE: A ONE-TIME ADMISSION FEE OF $500 IS CHARGED AT TIME OF ADMISSION TO THE FAIRVIEW HAVEN RETIREMENT COMMUNITY.