

# BETHANY+VILLAGE

THE ART OF LIVING

## Bethany Home Application for Admission

Phone: 785-227-2334 Ext. 145 / Fax: 785-227-9950

Email: [MSeehafer@bethanyhome.com](mailto:MSeehafer@bethanyhome.com)

Website: [www.BethanyVillageKS.com](http://www.BethanyVillageKS.com)

Resident Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: F / M

Living arrangements (circle one): Living Alone / Spouse/Partner / Facility Other: \_\_\_\_\_

Marital Status (circle one): Single / Married / Widowed / Divorced / Separated / Other: \_\_\_\_\_

Are you an active smoker? Y / N

Name of Spouse/Partner: \_\_\_\_\_ Anniversary Date: \_\_\_\_\_

Former Occupation: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Military Service Branch: \_\_\_\_\_ Dates of service: \_\_\_\_\_

How did you hear about Bethany Home? Newspaper Radio Previous Family Member Other: \_\_\_\_\_

**PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY OR STATUS CHANGE** (Attach additional pages as necessary):  
(Minimum of two contacts; one living in the immediate area)

### Durable Power of Attorney for Health and Medical Decisions:

1. \_\_\_\_\_  
Last Name, First Name Relationship Address City, ST Zip  
\_\_\_\_\_  
Phone / Cell Phone Email Address

### Durable Power of Attorney for Financial Decisions:

2. \_\_\_\_\_  
Last Name, First Name Relationship Address City, ST Zip  
\_\_\_\_\_  
Phone / Cell Phone Email Address

3. \_\_\_\_\_  
Last Name, First Name Relationship Address City, ST Zip  
\_\_\_\_\_  
Phone / Cell Phone Email Address

4. \_\_\_\_\_  
Last Name, First Name Relationship Address City, ST Zip  
\_\_\_\_\_  
Phone / Cell Phone Email Address

Church Affiliation: Baptist / Catholic / Covenant / Lutheran / Methodist / Other: \_\_\_\_\_

Name of Church: \_\_\_\_\_ Address/City: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

Funeral Home: \_\_\_\_\_ Address/City: \_\_\_\_\_

**Advanced Directives / Living Will (circle one):**

YES I have one / NO I do not have one / I am interested in a living will/advanced directives

**Billing / Financial Information:**

**Responsible Party:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**\*\*\* Please attach a copy of ALL cards\*\*\***

**Social Security No.:** \_\_\_\_\_ **Veteran Benefits:** \_\_\_\_\_

**Medicare No.:** \_\_\_\_\_ **Medicare D (Pharmacy) Ins:** \_\_\_\_\_

**Health Ins.:** \_\_\_\_\_ **Nursing Home Ins.:** \_\_\_\_\_

**Title XIX (Medicaid) Assistance No.:** \_\_\_\_\_

**Medical Information:**

**Eye Glasses:** Yes No      **Hearing Aids:** Yes No      **Dentures:** Yes No

**Physician:** \_\_\_\_\_ **Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_

**Preferred Pharmacy:** \_\_\_\_\_ **Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Dentist:** \_\_\_\_\_ **Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_

**Ophthalmology/Optometrist:** \_\_\_\_\_ **Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_

All information contained in the application requires complete answers and remains the confidential property of Bethany Home Association. This preliminary information is required so that accurate evaluations may be made. We reserve the right to make room adjustments as deemed necessary. Bethany Home residents and families will be consulted before changes.

If admitted, I agree to cooperate with making life at Bethany Home pleasant and agreeable, and to comply with the Rules and Regulations of the facility. I declare the answers to the foregoing questions to be true, full, and correct to the best of my knowledge.

**Name of person completing form (if different from resident):** \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of DPOA/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please return completed application with \$35.00 application fee to:  
Bethany Village, Admissions, 321 N. Chestnut, Lindsborg, KS 67456.  
For questions or more information call 785-227-2334 Ext 140.*

OFFICE USE ONLY:	
Application Date _____	Approval Date _____
Application Fee \$35.00 _____	Waiting List: A _____ IA _____
Interview _____	Admissions Date _____
Comments: _____	