

# BETHANY+VILLAGE

THE ART OF LIVING

## Application for Admission Sunflower Terrace by Bethany Village

Phone: 785-227-8331 / Fax: 785-227-3138

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

Website: [www.SunflowerTerrace.com](http://www.SunflowerTerrace.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: \_\_\_\_\_

Name of Spouse/Partner: \_\_\_\_\_ Former Occupation: \_\_\_\_\_

How did you hear about Sunflower Terrace? 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)

1. \_\_\_\_\_  
Last Name, First Name Relationship Address City, ST Zip

Phone / Cell Phone Email Address

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

Church Affiliation: \_\_\_\_\_ Address/City: \_\_\_\_\_

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

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

### Military Service

Branch: \_\_\_\_\_ Dates of service: \_\_\_\_\_

### Durable Power of Attorney / Existing Advance Directives (List names as applicable):

Health DPOA: \_\_\_\_\_ Financial DPOA: \_\_\_\_\_

### 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

THE COTTAGES

321 N. Chestnut

SUNFLOWER TERRACE

821 E. Swenson

BETHANY HOME

321 N. Chestnut

**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:**

Please indicate all conditions you have or have had within the last five years:

_____ Arthritis	_____ Alzheimer's/Dementia	_____ Cancer (Type: _____)	
_____ Confusion	_____ Diabetes	_____ Epilepsy	_____ Forgetfulness
_____ Heart Trouble	_____ Parkinson's disease	_____ Special Diet	_____ Stroke
_____ Tuberculosis	_____ Other: _____		

Eyesight: Good Fair Poor Hearing Aids: Yes No Dentures: Yes No

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

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

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

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

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

Ophthalmology/Optomtrist: \_\_\_\_\_ 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.

If admitted, I agree to cooperate with making life at Bethany Home Assisted Living 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.

Apartment Preference: \_\_\_\_\_ Studio (450 ft<sup>2</sup>) \_\_\_\_\_ One Bedroom (550 ft<sup>2</sup>) \_\_\_\_\_ Two Bedroom (1,000 ft<sup>2</sup>)

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

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

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

Signature of DPOA \_\_\_\_\_ Date \_\_\_\_\_

*Please return completed application with \$40.00 application fee to:  
Bethany Village, 321 N. Chestnut, Lindsborg, KS 67456.  
For questions or more information call 785-227-2334 ext 142.*

Application Date _____	<b>OFFICE USE ONLY:</b>
Application Fee \$40.00 _____	Approval Date _____
Interview _____	Waiting List: A _____ IA _____
Comments: _____	Admissions Date _____

## Financial Questionnaire

### Sunflower Terrace by Bethany Village

P: 785-227-8331 F: 785-227-8332

All Information provided will be held confidential

#### Regular Monthly Income

	First Person	Second Person
Social Security	\$	\$
Pension	\$	\$
Dividends	\$	\$
Interest	\$	\$
Mortgage/Rental Income	\$	\$
IRA Income	\$	\$
Trust Income	\$	\$
Long Term Care Insurance	\$	\$
Other Income	\$	\$
<b>Total Monthly Income</b>	\$	\$

#### Capital Assets

	First Person	Second Person
Cash (Savings & Checking)	\$	\$
CD's, Money Market, etc	\$	\$
Stocks and Bonds	\$	\$
IRA's, Annuities, etc	\$	\$
House	\$	\$
Other Real Estate	\$	\$
Trust Fund	\$	\$
Life Insurance	\$	\$
Other Assets	\$	\$
<b>Total Assets</b>	\$	\$

I hereby declare that all statements made herein are true according to my best knowledge and belief. In witness whereof, I have set my hand to this application this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Resident's Name (Print)

\_\_\_\_\_  
Signature of 1st Person or DPOA

\_\_\_\_\_  
Signature of 2nd Person or DPOA

*Please return the completed form to Marilyn Spohn, Bethany Home,  
321 N. Chestnut, Lindsborg, KS 67456. For questions or more information call 785-227-8331.*