

BETHANY+VILLAGE

THE ART OF LIVING

Application for Admission

Bethany Home Long-Term Care/ Skilled Nursing

321 N. Chestnut, Lindsborg, KS

Phone: 785-227-2334 Ext. 144 / Fax: 785-227-9950

Morgan Coon, SSD

Email: MCoon@bethanyhome.com

Sunflower Terrace Assisted Living

821 E. Swensson, Lindsborg, KS

Phone: 785-227-8331 Ext. 200 / Fax: 785-227-8332

Kaitlynn Kennedy, RN, AL Operator

Email: KKennedy@bethanyhome.com

Applicant is interested in being considered for: Long Term Care Skilled Nursing
 Assisted Living (Apartment Preference: Studio 1 Bdr 2Bdr)

Applicant Name: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Date of Birth: _____ Age: _____ Sex: F / M

Former Occupation: _____ Place of Birth: _____ Is applicant an active smoker? Y / N

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

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

Name of Spouse/Partner: _____ Anniversary Date: _____

Military Service Branch: _____ Dates of service: _____

How did you hear about Bethany Village? Google/Internet Previous Family Member Other: _____

PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY OR STATUS CHANGE (Attach additional pages as necessary):

Legal Durable Power of Attorney (DPOA) for Health and Finance is required for admission

Minimum of two contacts required

1. Medical DPOA Financial DPOA Guardian/Conservator Responsible Party/Billing

Last Name, First Name Relationship

Address City, ST Zip

Phone / Cell Phone Email Address

2. Medical DPOA Financial DPOA Guardian/Conservator Responsible Party/Billing

Last Name, First Name Relationship

Address City, ST Zip

Phone / Cell Phone Email Address

3. _____
Last Name, First Name Relationship Phone Email

4. _____
Last Name, First Name Relationship Phone Email

***** Please attach a copy of ALL Insurance and ID cards (front & back)*****

Social Security No.: _____ Medicare No.: _____

Other Medicare Plans: Are there other supplements/plans for the applicant? Yes No I don't know

Medicare Advantage Plan: Does the applicant have an advantage plan? Yes No I don't know

Long-Term Care Ins.: Does the applicant have other insurance? Yes No I don't know

Title XIX (Medicaid) Assistance No.: _____

Veteran Benefits: Is the applicant eligible for veteran benefits? Yes No I don't know

Medical Information:

Physician: _____ Phone: (_____) _____

Address: _____

Preferred Pharmacy: _____ Phone: (_____) _____

Dentist: _____ Phone: (_____) _____

Address: _____

Ophthalmology/Optomtrist: _____ Phone: (_____) _____

Address: _____

Specialist/Other: _____ Phone: (_____) _____

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 : Yes No I don't know

I would like more information about a living will/advanced directive

All information contained in this 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 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 Applicant): _____

Phone: (_____) _____ Email Address: _____

Signature of Applicant/DPOA _____ Date _____

*Please return completed application with \$40.00 application fee to:
Bethany Village, Admissions, 321 N. Chestnut, Lindsborg, KS 67456.
For questions or more information call 785-227-2334 Ext 144.*

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

Bethany Village Pre-Admission Financial Questionnaire

All Information provided will be held confidential

Regular Monthly Income:

	1 st Person	2 nd Person
Social Security	\$	\$
Pension	\$	\$
Dividends	\$	\$
Interest	\$	\$
Mortgage/Rental Income	\$	\$
IRA Income	\$	\$
Trust Income	\$	\$
Long Term Care Insurance	\$	\$
Other Income	\$	\$
Total Monthly Income	\$	\$

Capital Assets:

	1 st Person	2 nd Person
Cash (Savings & Checking)	\$	\$
CD's, Money Market, etc	\$	\$
Stocks and Bonds	\$	\$
IRA's, Annuities, etc	\$	\$
House	\$	\$
Other Real Estate	\$	\$
Trust Fund	\$	\$
Life Insurance	\$	\$
Pre-Paid Funeral Plan	\$	\$
Vehicle(s)	\$	\$
Total Assets	\$	\$

Are you a veteran or the spouse of a veteran? Veteran Spouse Neither

I hereby declare that all statements made herein are true according to my best knowledge and belief.

Resident's Name (Print)

Date

 Signature of 1st Person or DPOA

 Signature of 2nd Person or DPOA

Please return completed financial questionnaires to Marilyn Spohn, Bethany Home, 321 N. Chestnut, Lindsborg, KS 67456. For questions or more information, call 785-227-2334 ext. 146.