

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/Optometrlist: _____ **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

EMS Code Status: ☐ DNR (Do Not Resuscitate) ☐ Full Code (Perform CPR or other life saving methods)

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 to:
Bethany Village, Admissions, 321 N. Chestnut, Lindsborg, KS 67456.
For questions or more information call 785-227-2334 Ext 144.*

FOR OFFICE USE ONLY:

Application Date _____

Approval Date _____

Waiting List: A _____ IA _____

Interview _____

Admissions Date _____

Comments: _____

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	\$	\$

***Is there a reverse mortgage on any of the property?** ☐ Yes ☐ No ☐ I don't know

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.