

GRACEDALE ADMISSION APPLICATION

Dr.'s = SL or LV

2 Gracedale Avenue

Nazareth, Pennsylvania 18064

Phone: 610-829-3600 Fax: 610-746-5208

Name of Applicant _____ Birth Place: _____

Applicant Home Address: _____

Home Phone: _____ Since: _____ Current Location: _____

Marital Status: _____ DOB: _____ Education: _____ US Citizen: YES or NO

Past employment: _____ Hosp. pref: _____

PCP: _____ Prior Hosp. /NH Stays: _____

Do you own your home? YES or NO Mortgage Amount: _____ Value: _____

Veteran: (Self or Spouse) Branch: _____ Dates of Service: _____

Religion: _____ Church: _____

Social Security #: _____ Medicare # _____

Other Medical Insurance: _____ HMO: YES or NO

ID #: _____ Group#: _____ Plan #: _____

Access Card (Medical Assistance) Recipient #: _____

PACE Card #: _____ Expiration Date: _____ Medicare part D: _____

Prescription Drug Plan: _____ Group and ID #'s: _____

Monthly Income: _____ Source: _____ Other income: _____

Current Balance: Checking Acct: _____ Savings Acct: _____

Other: _____ CD's: _____ Stocks/Bonds/Annuities: _____

Trust Acct: _____

Unpaid Nursing Home balance: _____ Loans: _____

Life Insurance Policies: Company _____ Policy Number: _____

Face Value; _____ Cash Value: _____

Have you ever been convicted of a crime? YES or NO If yes, please explain

Has any property or assets been liquidated within 5 years? YES or NO

This includes any gifts, donation, transfers, withdrawals or transactions. If yes, please explain:

Preferred Funeral Director and #: _____

Is this Prepaid: YES or NO Burial Plot: YES or NO LOCATION _____

Any Living Will/Advanced Directives: YES or NO

Any Power of Attorney (POA): YES or NO, Name: _____

First Contact: Relation _____

Name: _____

Address: _____

Phone: (H) _____ (C) _____

Email: _____

Second Contact: Relation _____

Name: _____

Address: _____

Phone: (H) _____ (C) _____

Email: _____

I affirm that the information provided in this application, to the best of my knowledge, is correct:

Applicant: _____ Date: _____

Resp. Party: _____ Date: _____

Influenza Vaccine: _____ Glasses: _____

Pneumonia vaccine: _____ Hearing Aides: _____

Dentures: _____ Pacemaker: _____

Functional Status: _____

Allergies: _____

Gracedale Documents for Admission

All Stays require current copies of Medical Records including but not limited to History and Physical, current medication list, include labs and any surgeries

Short-Term Stay with Co-Insurance:

- Copies of Medicare, Insurance Cards, and Prescription Cards
- Any Power of Attorney or Living Will

Short-Term without Co-Insurance, Long-Term and Private Pay:

- Proof of Age: Birth Certificate or Driver's License
- I.D. Cards: Social Security, Medicare, Access, PACE, Blue Cross, Managed Care cards and Prescription cards
- Verification of Income: Copy of check, Pay Stub, or bank statement showing direct deposit
- The most recent financial Statements: Checking, savings, credit union, stocks, money market funds, annuities. List of CD's and savings bonds
- 1099 from all pensions (should be with tax records)
- Copy of any prepaid funeral arrangements or cemetery plot deed

Guardianship papers, Power of Attorney, Living Will