



APPLICATION FOR RESIDENCE TO MEADOWS MENNONITE HOME

Meadows Mennonite Home admits people without regard to race, color or national origin. To have your name placed on the waiting list, a completed, signed and dated application must be filed at the Social Service Director's office.

No application fee is charged, but a fee for staff visiting a prospective resident in his/her home may be assessed.

24588 Church Street, Chenoa, IL 61726-9395

diane@meadowshome.org

Phone: 309-747-2702

Fax: 309-747-2944

Application for Admission

I understand this application is not binding on myself or Meadows Mennonite Retirement Community, but it simply indicates my interest in becoming a resident and provides general information necessary to determine the type and amount of assistance I desire.

Please Print, completing all sections

Application Date: _____

Referral Source:

____ Hospital ____ Physician ____ Advertisement ____ Friend ____ Relative ____ Internet

Personal Information:

Full Name: _____
Last First Middle

Present Address: _____
Number Street City State/Zip

County: _____ Maiden Name: _____

Telephone: _____ Preferred Name: _____

Date of Birth: _____ Birthplace: _____

Social Security Number: _____

Marital Status: ____ Single ____ Married ____ Widowed ____ Divorced

Spouse's Name, if ever married: _____

If Deceased, date of death: _____

Financial:

Will the stay be covered by:

Private Pay ____ Medicare ____ Insurance ____ Public Assistance ____

Approximate monthly income _____

Approximate total assets (not including personal residence) _____

CONSENT TO CRIMINAL BACKGROUND CHECK

According to the Vulnerable Adult Act, all nursing facilities are required to conduct criminal background checks for prospective residents.

Have you ever been convicted of a felony?

_____yes

_____no

_____Signature

If the answer is yes, Meadows Mennonite Home cannot admit you until the results of a State Police criminal background check is returned to Meadows Mennonite Home.

If the answer is no, we will proceed with the admission but a State Police criminal background check will be conducted. If the background check results indicate the applicant does have a criminal felony history, Meadows Mennonite Home reserves the right to begin the discharge process immediately.

Applicant’s Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for admission as may be necessary in arriving at an admission decision, including but not limited to medical records from hospital, physician’s offices and other facilities and financial records. Additionally, I will cooperate in the preparation, filling, signing and processing of necessary applications, reports or documents for private, or government financial assistance program. Meadows Mennonite Retirement Community may release medical/billing information for purpose of claiming insurance benefits. I understand that this application is not intended to be a contract for care.

Applicant Signature Date

Resident Representative Date

ADDITIONAL INFORMATION REQUESTED

Children's Names

1. _____ 3. _____
Name Name

Mailing Address Mailing Address

Telephone – Home/Cell Telephone – Home/Cell

Email Address Email Address

2. _____ 4. _____
Name Name

Mailing Address Mailing Address

Telephone – Home/Cell Telephone – Home/Cell

Email Address Email Address

Brother, Sisters, and other close relatives:
Name (Relationship)

1. _____ 3. _____

2. _____ 4. _____

Person to Notify in an Emergency:

Name	Telephone #'s (Home & Cell)	Relationship
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1. _____

2. _____

Professional Data Continued:

Dentist: _____

Eye Doctor: _____

Pastor: _____

Church: _____

Advanced Directives:

Do you have a living will? _____Yes _____No

Does anyone have Power of Attorney for health? _____Yes _____No

If yes, who? _____

Does anyone have Guardianship? _____Yes _____No

If yes, who? _____

Does anyone have Power of Attorney for finances? _____Yes _____No

If yes, who? _____

Do you drive a car and plan to use it at Meadows Home? _____Yes _____No

Will your stay here be: _____Short Term _____Long Term

Burial Arrangements:

Funeral Director: _____Address: _____

Residential History:

5 years prior to admission have you lived in the following: (please check one)

_____ Prior stay at this nursing home _____stay at other nursing home

_____MR/DD setting _____Psychiatric setting

_____ Other resident facility-board and care home, assisted living, group home

_____ Own home by self _____ Home with family/relative

_____ Other _____

Physical Data

Does the applicant need assistance with (please check)

Bathing _____ Grooming _____ Dressing _____ Eating _____
Toileting _____ Walking _____ Moving to a chair _____

Do you have trouble with your memory? _____ Yes _____ No

Do you have or ever been diagnosed with a psychiatric problem? ____ Yes ____ No

If yes, when and treatment received: _____

Do you have a diagnosis of dementia or Alzheimer's? _____ Yes _____ No

Any wandering? _____ Yes _____ No Aggression? _____ Yes _____ No

History of falls: _____

Do you use: Tobacco _____ Yes _____ No
Alcohol _____ Yes _____ No

Please be advised that Meadows Mennonite Home is a non-smoking facility

Insurance Data:

Medicare Coverage: _____ Part A _____ Part B _____ None

Medicare Supplement Policy: _____ Yes _____ No

Company: _____ Policy Number: _____

Long Term Care Insurance: _____ Yes _____ No

Company: _____ Policy Number _____

Other Insurance: _____ Policy Number _____

IMPORTANT:

Please bring in the following for duplication or attach a copy.

- 1. Medicare Card (red, white, and blue card).**
- 2. Social Security Card.**
- 3. Other Health Insurance Identification Cards.**
- 4. Guardianship, Conservatorship, Bank Trust Paper, Power of Attorney for Property, and Power of Attorney for Healthcare.**
- 5. Living Will.**

RACE AND ETHNICITY DATA COLLECTION

Title VI of the Civil Rights Act of 1964 requires “Race and Ethnic” data collection from beneficiaries of federally assisted programs. Please note “Disclosure Clause” below:

“The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in the evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish it, Management is required to note race, ethnicity and sex of applicants on the basis of visual observation or surname.”

If you do not wish to provide the information, please check the box below:

_____ I do not wish to furnish this information

Ethnicity (mark only one)

_____ Hispanic or Latino

_____ Not Hispanic or Latino

Race (mark all that apply)

_____ White

_____ Black or African American

_____ American Indian or Alaska Native

_____ Asian

_____ Native Hawaiian or Other Pacific Islander

Sex

_____ Male _____ Female

_____ Information provided by Management

Non-Discrimination Statement:

This institution is an equal opportunity provider and employer.