CONFIDENTIAL ADMISSIONS APPLICATION

Application cannot be processed without this form.

PLEASE SELECT A FACILITY OF INTEREST: ► CHECK ONE OR MORE

☐ Bay Path, Duxbury
☐ Hancock Park, Quincy
☐ The Bostonian, Dorchester
☐ John Scott House, Braintree
☐ Harbor House, Hingham
☐ Ledgewood, Beverly
☐ Seacoast, Gloucester
☐ Craneville Place, Dalton
☐ Springside, Pittsfield

TYPE OF STAY:

☐ SHORT-TERM REHABILITATION ☐ LONG-TERM CARE ☐ HOSPICE ☐ RESPITE

Resident Name: _____ Age: _____ Date of Birth: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Marital Status (check one): ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed

►Social Security #: _____ ►Medicare #: _____
►Medicaid #: _____ ►HMO Insurance: _____
Additional Medical Insurance/Long-term Insurance: _____
Policy #: _____ Group #: _____

Has the Applicant been hospitalized or in a nursing facility in the past 3 months? ☐ YES ☐ NO

Have any HOME CARE services been used in the past? ☐ YES ☐ NO Agency: _____

EMERGENCY CONTACT:

► **Primary:** Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell: _____

► **Secondary:** Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____ Cell: _____

We will need copies of the following:

- MEDICAID Card
- MEDICARE D Card
- Insurance Card
- Living Will
- Power of Attorney & Conservatorship Documents
- Healthcare Proxy

Has the Applicant had a Long-Term Care Screening to determine nursing home eligibility? ☐ YES ☐ NO

If so, where? _____ Date: _____

MEDICAL DATA:

Current Physician: _____ Will Physician be following? ☐ YES ☐ NO
Current Diagnosis: _____
Current Medications:
_____
_____
_____

Past Medical History:
_____
_____
_____

NURSING NEEDS: *INDICATE ALLTHAT APPLY

AMBULATION:

☐ Independent ☐ With Assist ☐ Walker ☐ Cane ☐ Wheelchair ☐ Bed bound

►Transfers: ☐ Independent ☐ Assist of: 1 or 2 *(*Please circle one)*

In what areas does the Applicant require assistance?

☐ Bathing ☐ Dressing ☐ Grooming ☐ Prosthetic Devices ☐ Hearing Aid
☐ Catheter ☐ Oxygen ☐ Dentures ☐ Special Skin Care

Is the Applicant incontinent? ☐ YES ☐ NO *If yes, check which apply:* ☐ Bowel ☐ Bladder

MENTAL STATUS:

☐ Alert ☐ Understands ☐ Forgetful ☐ Confused ☐ Oriented ☐ Disoriented

☐ Cooperative ☐ Depressed ☐ Withdrawn ☐ Non-Cooperative ☐ Well-Adjusted

☐ Wanders ☐ Combative ☐ Non-Responsive

Please provide any additional comments:

_____
_____
_____
_____
_____
_____
_____

► Signature: _____

► Print Name: _____

► Date: _____

Please mail, fax OR return application in person, no emails accepted.
Fax Number for Duxbury, Quincy, Braintree, & Hingham,: 781-394-8568
Fax Number for Dorchester: 781-394-5515
Fax Number for Beverly & Gloucester: 781-394-2552
Fax Number for Dalton & Pittsfield: 877-608-4601

Thank you for taking the time to complete this application.