2306 State St
Guthrie Center, IA 50115
PH 641-332-2204 Fax: 641-332-2982

APPLICATION FOR ADMISSION

The information contained in this application will be held in strict confidence. This application does not constitute any guarantee of admission. However, upon admission, the application becomes a part of the Admission Agreement. Please fill out the application in its entirety.

Applicant: _____
Name Address Phone Number

_____
City State Zip Code County

Marital Status (circle one) S-M-W-D Male or Female (Please Circle One)

Date of Birth _____ Age ____ Birthplace _____ State _____

Date of Inquiry _____ Height and Weight _____

Name of Inquirer(s) _____ Relationship _____

_____
Address Phone Number

_____
City State Zip Code County

Desired Admission Date _____ Preferred Accommodations: Private Semi Private
(Circle One)

REASON FOR ADMISSION:

Current Living Arrangements _____
If hospitalized, reason: _____
Behaviors- falls, wandering, rummaging, resists care, verbal aggression, physical aggression, other: _____

LENTH OF STAY

- ☐ Plans to Return to Own Home
- ☐ Plans to make The New Homestead/Homestead Acres Home

ADL	**LEVEL OF ASSISTANCE**	
DRESSING	☐ Independent	☐ Needs Assistance
EATING	☐ Independent	☐ Needs Assistance
TOILETING	☐ Independent	☐ Needs Assistance
MOBILITY	☐ Independent	☐ Needs Assistance
TRANSFERS	☐ Independent	☐ Needs Assistance
COGNITION	☐ Normal	☐ Forgetful
EMOTIONAL STATE	☐ Normal	☐ Depressed
COMMUNICATION	☐ Able	☐ Unable

EQUIPMENT

☐ O2	☐ Ostomy	☐ IV	☐ Mechanical Lift
☐ Wheel Chair	☐ Special Bed	☐ Walker	☐ Commode
☐ G-Tube	☐ Stool Riser	☐ Catheter	☐ Trapeze
☐ Other _____			

DIAGNOSIS:

_____

_____

_____

ALLERGIES

_____

ADDITIONAL SPECIAL NEEDS

_____

_____

_____

PAYMENT SOURCE (Circle the Ones That Apply)

Medicare Medicaid Private Pay Other Insurance

Church _____
Name Address Pastor Phone Number

Social Security # _____ Medicare # _____

Medicaid # _____ Co-Insurance Company # _____

Have you or your spouse ever served in the Armed Services? Yes _____ No _____

Physicians: _____
Name Address Phone Number

_____
City State Zip Code County

_____
Name Address Phone Number

_____
City State Zip Code County

Resident is being admitted from: _____

Referred by: _____

Describe present illness: _____

If recently hospitalized, date admitted to hospital: _____

Previous confinement in nursing home? Skilled _____ Intermediate _____
Year Year

Does applicant have:
A living will: Yes _____ No _____
Power of Attorney-Health Decisions: Yes _____ No _____

Power of Attorney-Financial Decisions: Yes _____ No _____

Conservator: Yes _____ No _____ Guardian: Yes _____ No _____
If yes to any of the above, please provide copies thereof.

In case of emergency (list in order of preference, #1 is customarily the Medical Power of Attorney). Please notify:

1)._____
Name (Relationship) Address, City, Zip Phone Number

2) _____
Name (Relationship) Address, City, Zip Phone Number

3)._____
Name (Relationship) Address, City, Zip Phone Number

I certify that the information I have provided in the foregoing application is true and correct and that I am signing as the responsible party. I have either been authorized by the Applicant to provide the information contained in this application or am acting as the Applicant's Guardian and/or Conservator. I understand that The New Homestead and Homestead Acres is relying on the accuracy of the information provided in this application in order to make a decision on admission, and I understand and agree that any misrepresentation as to any information provided in this application is grounds for rejection of this application. I further understand and agree that if any misrepresentation as to any information provided in this application is discovered after admission, and admission would not have been granted if the correct information had been provided, The New Homestead and Homestead Acres reserves the right to pursue any legal or other remedies it may have against the Applicant and/or the responsible party signing the application below on behalf of the
Applicant.

I further understand that The New Homestead and Homestead Acres is committed to promoting good health and safety among its residents and employees, and therefore, smoking is prohibited in all inside areas at all times.

_____ Date _____
TYPED OR SIGNATURE OF APPLICANT (RESPONSIBLE PARTY)