

Application for Admission

to

ST. MICHAEL'S HOME



3 LEHMAN TERRACE
YONKERS, NEW YORK 10705-3699
TEL: 914-476-3374
FAX: 914-476-1744

APPLICATION FOR ADMISSION

GENERAL INFORMATION

Name in Full			Date
Permanent Address			
Telephone	Citizen:	<input type="checkbox"/> US <input type="checkbox"/> Greek <input type="checkbox"/> Naturalized <input type="checkbox"/> Green Card <input type="checkbox"/> Other	
Date of Birth	Birthplace		
Mother's Maiden Name			Father's Name
Spouse's Name	Date of Death	Divorced	

FAMILY INFORMATION

Children and their addresses and telephone			
1. Name		Email Address	
Address	City	State	Zip Code
Home Phone No.	Business Phone No.	Cell Phone No.	
2. Name		Email Address	
Address	City	State	Zip Code
Home Phone No.	Business Phone No.	Cell Phone No.	

EMPLOYMENT INFORMATION

List any present and/or former occupations.

PLACE OF RESIDENCE

Address and dates of legal residence during the past ten years		
Address of Residence	From	To

HEALTH CARE INFORMATION

Does the applicant have any advance directives? Please check and provide photocopy with application.			
Health Care Proxy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do Not Resuscitate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical POA	<input type="checkbox"/> Yes <input type="checkbox"/> No	Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous Housings	<input type="checkbox"/> Private House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Co-op <input type="checkbox"/> Other, explain:		
Were home care services provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

POWER OF ATTORNEY

Do you have a person or firm with your general Power of Attorney? If so, give name, address, and provide a copy.

BURIAL ARRANGEMENTS

Responsible Party Name	
Address	Telephone No.
Deeded Cemetery Plot Location	Burial Pre-Arrangement <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Funeral Home	
Address	
Telephone No.	
Please provide photocopy of cemetery deed and burial pre-arrangement.	

BACKGROUND INFORMATION

Please provide a complete description of the applicant's level of functioning.

Does the applicant smoke?

Describe the applicant's daily routine prior to placement (i.e. eating, sleeping patterns, habits).

Discuss the applicant's past roles (i.e. life-long occupation, language, interests and skills).

Describe the applicant's family involvement and family relationships.

Describe the applicant's ability to communicate.

Describe the cognitive status of the applicant (i.e. alert, forgetful, confused, impaired judgement, poor short-term memory, etc.).

Describe the applicant's present social and behavioral functioning (i.e. sociable, passive, anxious, sad, gregarious, agitated, isolated, talkative, etc.) and indicate behavioral problems (i.e. wandering, agitation, combativeness).

Is the applicant taking any psychoactive medication currently or has he/she taken this type of medication in the past?

Has the applicant ever had a psychiatric hospitalization? If so, explain:

PERSONAL INFORMATION

Member of what church?

What provision for clothing, dentistry, eyeglasses, pin money, etc.

State of health, past and present

Name of Physician

Address

Telephone No.

Name and Address of Parish Priest

APPLICANT'S ASSETS

Life Insurance Policies

HEALTH INSURANCE INFORMATION

Social Security No.

Prescription Drug (Rx) Plan No.

Medicare No. (including suffix)

Medicaid No.

Medicare Supplemental Carrier

S.S.I. Recipient Yes No

Policy No.

Major Medical Carrier

Policy No.

LEVEL OF ACCOMMODATION REQUESTED (PLEASE CHECK ONE)

Private Room/Private Bathroom

Private Room/Shared Bathroom

Semi-Private Room/Shared Bathroom

Name of person completing application if other than applicant _____

Signature of Applicant

Date