Little Sisters of the Poor

APPLICATION FOR ADMISSION

PLEASE PRINT ALL INFORMATION

Name:_____ Date:_____

Usual Address:_____ City:_____ Zip:_____ Phone:_____

Birth Date:_____ Age:_____ Birthplace:_____

Citizen:_____ Date came to U.S.A._____ Port of Entry:_____

Year came to State:_____ Alien Registration Number:_____

Religion:_____ Church or Parish:_____

Pastor's Name:_____ Address:_____ Phone:_____

Sex:_____ Marital Status:_____ Maiden Name of Spouse:_____

Name of Spouse:_____ Address of Spouse if Living:_____

_____ City:_____ Zip:_____ Phone:_____

If deceased, date and place of death:_____

Father's Name:_____ Birthplace:_____

Mother's Maiden Name:_____ Birthplace:_____

Former Occupation:_____ Social Security No.:_____

Name and Address of Last Employer:_____

_____ City:_____ Zip:_____

Last Employment Date:_____ Pension:_____ Life Insurance:_____

_____ Address:_____ City:_____ Zip:_____

Face Value:_____ Name and Address of Beneficiary:_____

_____ City:_____ Zip:_____

Who retains Policies?_____ Amt. of Annual Premium:_____

Sources of Present Income:_____ Amount:_____

_____ Amount:_____

_____ Amount:_____

Medicare Number:_____ Part A:_____ Part B:_____ Other Hospital Insurance:_____ Number_____ Premium Paid by:_____

_____ Amt. of Annual Premium:_____

NOTE: RULES FOR ACCEPTANCE & PARTICIPATION IN OUR USDA PROGRAM(S) ARE THE SAME FOR EVERYONE WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, AGE, SEX OR HANDICAP.

Financial Resources:

Savings Account - Location:_____ Amount:_____ Acct.#_____

Checking Account- Location:_____ Amount:_____ Acct.#_____

Stocks and Bonds- Location:_____ Amount:_____ Type:_____

Real Estate - Location:_____ Value:_____

Locked Box - Location:_____

Other Income - Type:_____ Amount:_____

Debts?_____ Explain:_____

_____

Has there been any sale of house or property or transfer of assets in the last five years?_____ If yes, explain:_____

_____

Name and Address of Attorney:_____

_____ City:_____ State:____ Zip:_____ Phone:_____

Have you made a Will?_____ Where is it located?_____

Burial Arrangements:

Do you own a burial lot:_____ Cemetery_____ Section:_____ Lot:____

Name of Person holding Deed:_____

Who will pay for burial arrangements?_____

Funeral director:_____ Address:_____ Phone:_____

Specific Arrangements:_____

Next of Kin

Name	Relationship	Address with City & Zip Code	Phone

Present Physician:_____ Phone:_____ Referred to Home by:_____

Are you a Veteran or a Veteran's Widow?_____ Serial Number:_____

Which War or dates of Service:_____ Branch of Service:_____

If children are Veterans, state war served in, and whether living or deceased:_____

_____

_____ _____ _____

Signature of Person Completing Form Relationship Phone

Little Sisters of the Poor
Preliminary Physical Information

Applicant Name:_____ Date:_____

I. ACTIVITIES OF DAILY LIVING:

- EATING: Independent_____ Needs Assistance:_____
- MOBILITY: Cane_____ Walker____ Wheelchair_____ Independent_____
- TRASFER: Independent_____ Needs Assistance_____
- DRESSING AND GROOMING: Independent____ Needs Assistance_____
- MEDICATION: Self-Administer Medication Properly _____
  Self-Administer Medication with Assistance _____
  Unable to Administer own Medication _____
- SHOPPING: Independent_____ Needs Assistance_____
- PERSONAL HYGIENE: Independent_____ Needs Assistance_____
- TOILETING NEEDS: Independent (No Incontinence) _____
  Independent (Some Incontinence) _____
  Requires Assistance _____
- HOUSEKEEPING: Independent_____ Needs Assistance_____
- LAUNDRY: Independent_____ Needs Assistance_____

II. MEDICAL INFORMATION:

- Present Medical Diagnosis/Needs: _____
  _____
- Recent Medical Problems/Hospitalizations: _____
  _____
- Present Medications: _____
  _____
- History of Mental Illness or Psychiatric Care: Yes_____ No_____
- Present Need of Mental Health/Psychiatric Care: Yes _____ No _____
- Current Experience or History of:
  1. Alcohol or Drug Dependency: Yes _____ No_____
  2. Depression: Yes_____ No_____
  3. Anxiety or Nervousness: Yes_____ No_____
  4. Dementia or Confusion: Yes_____ No_____

III. ADVANCE DIRECTIVES: Yes_____ No_____

Information Provided by: Name:_____
Address:_____
_____