WILLIAMS COUNTY
HILLSIDE COUNTRY LIVING

The Heights
The Village
Anna's House
The Heritage

APPLICATION FOR ADMISSION

APPLICATION FOR (Check One)

☐ The Heights (Independent Apartments)
☐ The Village (Assisted Care Apartments)
☐ The Heritage (Nursing Facility)
☐ Anna's House (Memory Impaired Nursing Facility)

PERSONAL INFORMATION

☐ Male ☐ Female

Full Name (Maiden) ____________________

House Number and Street ____________________

City ____________ State ____________ Zip ____________

Telephone ____________ Referral Source ____________

Birth Place City ____________ State/County ____________

Birth Date (Month/Day/Year) ____________ Present Age ____________

Length of Residence in Williams County ____________________

Length of Residence in Ohio ____________ Length of Residence in U.S. ____________

☐ Single ☐ Married ☐ Widow/Widower ☐ Divorced ☐ Companion

Social Security # ____________________

Medicare Number ____________ Effective Date ____________

Medicaid Number ____________ Effective Date ____________

Former Occupation ____________________

Dentist ____________ Optometrist ____________

Pharmacy ____________________

Drug Plan ____________ I.D. # ____________ Group # ____________

Please bring original Social Security, Medicare, insurance cards and either a birth certificate or driver's license from applicant for verification.

HEALTH INSURANCE SUPPLEMENT POLICY

Insurance Company ____________________

Contract Number ____________________

Does applicant have insurance with nursing home coverage? ____________

Is applicant or spouse a Veteran? ☐ Yes ☐ No

If yes, please give Veteran's claim number ____________________

LEGAL INFORMATION

Legal Guardian ____________________

Power of Attorney ____________________

Durable Power of Attorney (Finances) ____________________

Durable Power of Attorney (Health Care) ____________________

Living Will ____________________

Resident Representative ____________________

Organ Donor ☐ Yes ☐ No

Please bring applicant's original Power of Attorney, Living Will, Durable Power of Attorney for Health Care, and Durable Power of Attorney for Finances for verification.

NEAREST LIVING RELATIVE

Please list your nearest living relative, including friends, and all living children. In case of death or serious illness, only one individual will be notified. Attempts will be made beginning with the first person listed below.

Name	Relationship	Address	Phone (Daytime/Evening/Cell)

MEDICAL HISTORY

Physicians and Specialists Attending

Name	Address	Dates of Attendance

Admitting Diagnosis ______________________________

____

General Mental Health ______________________________

____

Previous Illness/Hospitalizations – Reasons and Dates ______________________________

____

Present Medications ______________________________

____

____

List Available Medical Equipment (check if appropriate)

	Own	Rent
Cane	☐	☐
Walker	☐	☐
Wheelchair	☐	☐
Trapeze	☐	☐
Oxygen Concentrator	☐	☐
Catheters	☐	☐
Bariatric Bed	☐	☐
Other:		
______________	☐	☐
______________	☐	☐

FUNERAL INFORMATION

Has applicant established a burial contract? ☐ Yes ☐ No

Please provide the contract for us to copy for our files.

If answer to the above question is no,
please list the name and phone number of the funeral home to be notified.

Funeral Home ______________________ Phone Number ______________

MONTHLY INCOME

Social Security ______________ Pensions ______________

Annuities ______________ Dividends/Interest ______________

Other Income ______________________________

Estimated length of time the applicant will be able to meet all the financial needs.

Months __________ /Years __________

We respectfully request to be notified when the applicant's funds are reduced to three months private pay. If needed, we will assist in applying for Medicaid.

- Information contained in this application is accurate and complete to the best of my knowledge.

Applicant's Signature ______________________ Date __________

Legal Guardian/Power of Attorney/Responsible Party

Signature ______________________ Date __________

WILLIAMS COUNTY
HILLSIDE COUNTRY LIVING

The Heights | The Village | Anna's House | The Heritage

09876 County Road 16 • Bryan OH 43506 • **419.636.4508**

This instititution is an equal opportunity provider

FOR OFFICE USE ONLY

Code Status ______________ Donor ______________

Admission Date ______________ Medical Record Number ______________

Room Number ______________ Apartment Number ______________

Physician ______________ Transferred From ______________

Hospital and Physician ______________________________

Skilled Letter Sent ☐ Yes ☐ No Hospital/Qualifying Dates ______________

Rehab Dates ______________