



A CHOICE COMMUNITY INC.
a not-for-profit organization

Completed by Admissions Staff upon Admission

Admit Date _____ Room Number _____

Medical Record #: _____

Previous Admission: Yes ___ Date: _____ No ___

Admitted from: _____

Social Worker: _____

Type of Stay being considered:

- Short-term / rehabilitation Long-term Respite Hospice CCRC Apartments

Applicant Name: _____ Gender: Female Male

Maiden Name: _____ Place of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home/Cell Phone: _____ Date of Birth: _____

Social Security #: _____ Are you a Veteran? Yes No

- Resides: Alone Martial Status : Married Education: High School
 Spouse Divorced College
 Children Single Technical
 Other: _____ Widowed Other _____

Name of Spouse/Significant Other: _____

Prior Occupation: _____

Primary Insurance: _____ Secondary Insurance: _____

Group #: _____ Group #: _____

Policy #: _____ Policy #: _____

Power of Attorney Yes No

Primary Contact

Name: _____

Relationship: _____

Address: _____

Home or Cell Phone: _____

Power of Attorney Yes No

Alternative Contact

Name: _____

Relationship: _____

Address: _____

Home or Cell Phone: _____

Addition Contact Person

Name: _____

Relationship: _____

Home or Cell Phone: _____

Primary Care Physician: _____ Office Phone: _____

Address: _____

Other Specialist Physicians: _____

Do you have a Living Will/Advance directive? Yes No

Funeral Home: _____ Phone: _____

Address: _____

Income	Monthly Income	Self	Jointly Owned
	Social Security		
	Pension		
	Veterans		
	Interest		
	Annuities		
	Stocks/Bonds/Investments		
	Certificates of Deposit		
	Black Lung		
	Other Income: rental property, gas royalty, interest, dividends, etc.		

Assets	Financial Information	Self	Jointly Owned
	Balance of Checking Account (s)		
	Balance of Savings Account (s) and/or Money Market Accounts		
	Value of Life Insurance Policies		
	Fair market value any owned property/real estate		
	Value of Trust available for support and care		
	Value of Stocks/Bonds/Investments		
	Value of other assets		

Have you transferred any assets for less than full value within the last five (5) years? Yes No

How did you hear about THE PATRIOT? _____

I hereby certify that the supplied information is correct and complete to the best of my knowledge.

Applicant Signature

Date

Applicant's Responsible Party Signature

Date