



ADMISSION APPLICATION

CLAREMONT

1000 Claremont Road, Carlisle PA 17013-8805 . Main: 717-243-2031 . Fax: 717-240-1934 . claremontnursing.com

ADMISSION APPLICATION: Claremont Nursing and Rehabilitation Center agrees that this application is confidential and will be used for processing purposes only. The information is applicable for all levels of care offered by CNRC. CNRC is in compliance with all federal HIPPA requirements and admits and treats all persons without regard to race, color, national origin, age, ancestry, sex, disability or religious creed.

Information about person applying to Claremont: (please print or type)

First name: _____ Last name: _____ Middle initial: _____

Permanent address: _____

Phone: Home _____ Cell: _____

Social Security # _____ Race/Ethnicity: _____

Is the applicant a United States citizen? _____

Birth date: _____ Marital status: _____

Separated/Divorced? (date) _____ Widowed? (date) _____

Spouse name (even if deceased): _____ Spouse's Social Security #: _____

Did applicant or spouse serve in military? _____ Yes (Applicant) _____ Yes (Spouse) _____ No (Neither)

Branch: _____ Name of veteran: _____ Social Security #: _____

For veteran's benefit eligibility, please contact the Cumberland County Veterans Administration at 717-240-6179 or 717-240-6178.

Anticipated admission: _____ Short term (under 180 days) _____ Long term (over 180 days)

Is applicant hospitalized presently? _____ Yes _____ No If Yes, Admission date: _____

Hospital: _____ Social Worker: _____

Telephone #: _____

List other hospital and nursing home stays in the last 60 days:

Health Insurance policies: Please list ID number

Medicare A: _____ Effective Date: _____

Medicare B: _____ Effective Date: _____

Other Insurance: _____ Effective Date: _____

Does it include Pharmacy benefits? _____ YES _____ NO

PACE: _____

Medicaid in community: _____

Long term care insurance: Policy Provider: _____

Policy number: _____ Address: _____

Benefit amount (i.e. \$210/day): _____

Monthly GROSS income (amount before any deductions) for Applicant & Spouse: Please indicate who receives the income along with gross amount; if you do not know the gross amount, please indicate that the amount is a NET (what is received in the bank) income.

Social Security _____ Pension _____

Railroad Retirement _____ VA _____

Alimony / Child Support _____ Annuity _____

Other (i.e. rental, dividends, interest, etc.) _____

Assets for both Applicant & Spouse

Bank Accounts:

Bank _____ Names on account _____

Type of account _____ Current balance as of application date _____

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Type of account _____ Current balance as of application date _____

Bank _____ Names on account _____

Type of account _____ Current balance as of application date _____

Life Insurance:

Company: _____ Policy Owner: _____
Term or Whole Life: _____ Face & Cash Surrender value as of Application date: _____
Company: _____ Policy Owner: _____
Term or Whole Life: _____ Face & Cash Surrender value as of Application date: _____
Company: _____ Policy Owner: _____
Term or Whole Life: _____ Face & Cash Surrender value as of Application date: _____

Annuities:

Company: _____ Names on Annuity: _____
Balance & Cash surrender value as of application date: _____

Other financial assets: Stocks, Bonds, CDs, cash on hand over \$500

Please list type of asset, names on asset, and value as of application date:

Real estate – location: _____ Value: _____
Real estate – location: _____ Value: _____
Name(s) on deed: _____
Mobile Home: _____
Vehicle(s) – year / make / model: _____

List any and all assets that have been transferred / given away the past five years, including the dates of transfer:

Property: _____

Vehicle: _____

Cash gifts over \$500.00: _____

Other financial investments (CD's, stocks, etc.): _____

Does the applicant have a will? _____ YES _____ NO

Executor's name: _____

Executor's address: _____

Executor's telephone #: _____

Preferred funeral home: _____

Funeral home address: _____

Funeral home telephone #: _____

Are arrangements pre-paid? _____ YES _____ NO Irrevocable: _____ YES _____ NO

Burial plots: _____ Cemetery name and place: _____

Cremation: _____ Paid or unpaid: _____

Primary family contact person:

Name: _____ Relation: _____

Address: _____

Telephone #'s: Home: _____ Cell: _____ Work: _____

Email: _____

How do you prefer to be contacted? (Please number your selections in order of preference)

_____ Home phone May we leave a message at this number? ___ YES ___ NO

_____ Work phone May we leave a message at this number? ___ YES ___ NO

_____ Cell phone May we leave a message at this number? ___ YES ___ NO

_____ Email: _____

Has applicant ever resided in another nursing home? YES NO If YES, for how long? _____

Has applicant received in-patient psychiatric care in the past two (2) years? YES NO

Has applicant executed Healthcare Guidelines/Living Will? YES NO

Does applicant have Durable POA? YES NO

Name: _____

Address: _____

ACKNOWLEDGEMENT:

I/we understand that CNRC reserves the right to accept or reject any application consistent with the law. Failure to disclose all information may hinder CNRC's ability to complete application process. I/we certify that all of the information submitted on this application is true and correct and that submission of false information may constitute grounds for rejection of the application and discharge after admission.

Note: All applications will be on file for three (3) years

I/we accept and agree to the above conditions.

Signature of Applicant

Signature of Applicant #2

Signature of person completing application/relationship to applicant

Date

Please tell us how you heard about Claremont Nursing & Rehabilitation Center: (check all that apply)

Family Member

Radio

Friend

Television

Neighbor

Internet

Newspaper

Other (describe) _____