



Application

Date Completed Application Received _____

Date of Interview _____

Please answer all questions as completely as possible. Thank you.

1. GENERAL HISTORY

Full Name _____ Telephone (____) _____

Address _____ City _____ State ____ Zip _____

Email address _____

Birthdate _____ Age _____ Place of Birth _____
month day year

Marital Status (Circle one) Married Widowed Single Divorced

If Married, Name of Spouse _____ Date of Marriage _____

Father's Name _____ Mother's Name _____
last first initial maiden first

2. HEALTH COVERAGE & INSURANCE

Social Security Number _____ Medicare number _____
(note ending letter: A, B or D?)

Medicaid Number, if applicable _____ D.C. or State? _____

Other Health Insurance Company _____

Policy Number _____

**On admission please bring a copy of your Medicare, Medicaid, and health insurance cards.



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3. POWER OF ATTORNEY INFORMATION

Name of General Power of Attorney _____

Telephone Home (____) _____ Work (____) _____

Address _____ City _____ State ____ Zip _____

Email address _____

Name of Power of Attorney for Health Care _____

Telephone Home (____) _____ Work (____) _____

Address _____ City _____ State ____ Zip _____

Email address _____

**On admission, please bring a copy of your Power of Attorney documents.

4. HEALTH AND MEDICAL INFORMATION

Do you have any allergies to medication or food? If so, please describe.

Do you require a special diet? If so, please describe.

Please note any disabilities or chronic illnesses.

If your health and medical status, as determined by the physician and Director of Nursing, require Health Care Center services, will you agree to move to the Health Care Center on a temporary or permanent basis? Yes No

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Physician Name and Address

Phone Numbers (home, work, cell)

_____	H (____) _____
_____	W (____) _____
_____	C (____) _____

Email address _____

In case of emergency, please list the name of a relative or friend to notify.

Name and Address

Phone Numbers (home, work, cell)

1. _____	H (____) _____
_____	W (____) _____
_____	C (____) _____

Email address _____

If the person above is unavailable, please list alternative relative or friend to notify.

2. _____	H (____) _____
_____	W (____) _____
_____	C (____) _____

Email address _____

5. STATEMENT

Please explain why you would like to be a resident of The Methodist Home.



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6. CONCLUSION

I understand that in all cases the Executive Committee shall determine the admission of the applicant, based on applicant's interview, health/medical and financial information.

Also, I hereby represent and warrant that the information set forth in this Application is true, accurate and complete to the best of my knowledge and belief.

Witnessed:

1. _____
Signature Applicant or Representative

Printed Name Administrator, Forest Hills of DC

2. _____
Signature

Printed Name Date