**EMAIL APPLICATION TO: FNazaire@FranchiHC.com**

Meadow Green Nursing and Rehabilitation Center
45 Woburn Street
Waltham, MA 02452

# APPLICATION FOR ADMISSION

**Date:** _____

**General Information:**

Name of Applicant: _____ Age: _____

DOB: _____ Gender: _____Marital Status _____ Religion: _____

Home address: _____

Home Phone: _____ Cell Phone: _____

**Responsible Party or Next of Kin:**

Name: _____ Relationship _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Legal Authority (guardian, POA, etc.) _____

Referred by: _____

Contact: _____ Phone: _____

**Medical Information:**

Name of Physician: _____ Phone: _____

Address: _____

Is physician recommending admission? _____

**Financial Information:**

Social Security # _____ Medicare # _____

Medex # _____ Other Insurance: _____

Subscriber: _____ Policy # _____

Medicaid # _____ Date of Eligibility: __

**IF MEDICAID PENDING**: Application submitted on _____

Name of Caseworker/Phone: _____

Is the applicant a Veteran or Spouse of a Veteran: _____

**Income:**

| Source | Amount | Frequency |
|---|---|---|
| Social Security | _____ | _____ |
| Pension | _____ | _____ |
| VA Benefits | _____ | _____ |
| Disability Benefits | _____ | _____ |
| Rent Income | _____ | _____ |
| Other Income | _____ | _____ |

Total Monthly Income from all sources: $ _____

**Burial Accounts and/or Funeral Home Preference:**

Prepaid Funeral Arrangements ( ) yes ( ) no

Name of Funeral Home: _____

Address of Funeral Home: _____

**Functional Status:**

Ambulation: _____ Walker _____ Cane _____ Wheelchair _____

Cognitive _____ Oriented _____ Confused _____

Home Care Services used/using: _____

Primary Complaint: _____

**Recent Hospitalizations:**

Name of Hospital _____

Length of stay (dates) _____

Physician who followed _____

Primary Diagnosis _____

Secondary Diagnosis _____

**Previous Nursing Home and/or Subacute Stay**

Name of Facility (s) _____

Length of Stay (dates) _____

Contact: _____ Phone # _____

Insurance used: _____

**Type of Placement Applicant is seeking:**

Long-term _____ Short-term _____ Questionable _____ Respite care _____

Length of stay (dates) _____

**Cash Assets (including stocks, bond, mutual funds, other property not primary, life insurance, etc.):**

| Name of Institution | Account Type | Present Balance |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**Real Estate:**

| Type of Real Estate | Owned by | Estimated Value |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Are there any liens or mortgages against the property? ( ) yes ( ) no

If yes, what was transferred: _____ Amount: _____

Explain: _____

Transfer of assets in the last 60 months? ( ) yes ( ) no

If yes, what was transferred: _____ Amount: _____

Explain: _____

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**I certify that I have fully investigated the applicant's financial records and that this a true and complete statement of the applicant's current income and assets and any gifts or transfers for less than fair market value in excess of $1,000 that the applicant has made within the 60 months prior to the date of this application.**

Applicant: _____ Date: _____

Responsible Party: _____ Date: _____

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