ADMISSION APPLICATION

CLAREMONT
NURSING & REHABILITATION CENTER

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:

_____

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 #s: _____

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: _____

doW,ǁW zzzzzzzzzzzzzzzzz 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) _____