

Grafton County Nursing Home

RESIDENT ADMISSION APPLICATION



3855 Dartmouth College Highway
North Haverhill, NH 03774 - 4909
Phone: 603.787.6971 FAX: 603.787.2035

Date of application: _____

Name: _____
(Last) (First) (Middle)

GENERAL INFORMATION

Sex: M F DOB: _____ Age: _____ Prefers to be called: _____

Address: _____

Phone number: _____ County: _____

Birthplace: _____ SS #: _____

Religion: _____ Citizen: Y N Nationality: _____

Military service: Y N Branch of service: _____

Primary language: _____ Previous occupation: _____

Education level – last grade completed: _____

PHYSICIAN / MEDICAL INFORMATION

Resident's choice of physician at GCNH: _____

Primary community care physician: _____ Phone #: _____

Have there been any home health or community services involved? Y N If yes, explain: _____

Has the prospective resident been in a nursing home or used any skilled care in the past year?

Y N If yes, explain: _____

Allergies: Y N If yes, please list: _____

Intolerance to medication(s) / food(s): Y N If yes, please list: _____

Date of last flu shot: _____ Date of Pneumovax (pneumococcal pneumonia): _____

History of positive tuberculin skin test: Y N

RESIDENT'S FAMILY

Marital status: _____ Date of marriage: _____

Spouse's name: _____

If spouse is deceased, date of expiration: _____

Number of siblings: _____ Number of children: _____ Number of grandchildren: _____

CONTACT INFORMATION

First contact - name & address

Home #: _____

Work #: _____

Cell #: _____

Relationship: _____

Second contact - name & address

Home #: _____

Work #: _____

Cell #: _____

Relationship: _____

Third contact - name & address

Home #: _____

Work #: _____

Cell #: _____

Relationship: _____

RESIDENT'S INTERESTS

Special interests (past & present): _____

Community involvement (clubs/organizations, church, volunteerism): _____

LEGAL REPRESENTATION ** Please provide copy of documents (POA - Power of Attorney)

POA for healthcare: Y N POA for finances: Y N Organ donor: Y N
Guardianship: Y N Living Will: Y N Autopsy: Y N

PAYMENT / INSURANCE INFORMATION ** Please provide copies of insurance cards

Private pay: Y N
Medicaid: Y N Medicaid #: _____ Effective date: _____
Medicare: Y N Medicare #: _____ Effective date: _____
Other medical insurance: Y N Policy holder: _____
_____ Insurance #: _____
Long Term Care insurance: Y N
Prescription Drug Plan: Y N If yes, explain: _____

INCOME & OTHER INFORMATION

→ THE FOLLOWING INFORMATION IS REQUIRED IN ORDER TO DETERMINE IF YOU ARE ELIGIBLE TO APPLY FOR MEDICAID BENEFITS NOW OR IN THE FUTURE. THIS PAGE MUST BE COMPLETED PRIOR TO ADMISSION

Social Security income: \$ _____ Retirement income: \$ _____ Other income: \$ _____

Checking account: Y N Amount of deposit \$ _____

Bank: _____

Savings account: Y N Amount of deposit \$ _____

Bank: _____

Life insurance company: _____

Amount of cash value: \$ _____

List property owned: _____

Have you transferred, sold, or given away property or monetary assets (\$500 or more) in the last 5 years?

Y N If yes, explain: _____

Other assets (examples include: stocks, IRA, 401K, bonds, mutual funds, CDs, trusts, annuity):

BILLING INFORMATION

Please send bills to:

Phone #: _____

Cell #: _____

Work #: _____

FUNERAL SERVICES

Funeral Home preference: _____ Prepaid: Y N

Location: _____ Phone #: _____

I UNDERSTAND THAT MISREPRESENTATION OF THE ABOVE INFORMATION OR FAILURE TO ANSWER ALL THE QUESTIONS RELATIVE TO FINANCES, ASSETS, ETC., WILL CONSTITUTE CAUSE OF REJECTION OF THIS APPLICATION OR DISCHARGE FROM GRAFTON COUNTY NURSING HOME.

Signature of Applicant or Responsible Party

Witness

Date:

If you have any questions, please contact Mary Tyler, Social Service Director:
(603) 787-6971, ext 4008.