

APPLICATION FOR ADMISSION

Facility Choice: Holden	Oakdale wacht	usett Kespirato	ory Unit	
Applicant's Name:	Date	e of Birth:	Age:	
Address:Street	City		Zip code	
Telephone #:	· ·	□NO	•	
Religion:	Social Security Number	:	·	
Were you in the armed forces?_	rces?If so, Dates of service:			
Marital Status: ☐Married ☐Dive	orced □Widowed □Separated	□Never Marrie	d	
Name of Spouse:	Primary Language:			
Primary Care Physician:	Telepho	Telephone:		
(Please provide the informat	Financial Manage ion below for the person(s) who ha		natters for the annlicant)	
Name:	Relations	hip:		
Address:				
Street	City	State	Zip code	
Telephone:	Email:			
Please check type of authority (in	f any) and provide a copy with t	his application:		
□Legal Guardian □Durable Po	wer of Attorney	r □Representa	tive Payee	
	Health Care Prox	<u>(y</u>		
Name:	ame:Relationship:			
Addross				
Address:Street	City	 State	Zip code	
Telephone:	·			
*Please include a copy of the he				
If no health care proxy please pr				
	_	•		
Name:	releption	·		

ORIOL HEALTH CARE

Current Living Situation					
Applicant is currently living at:					
Does applicant live alone? ☐ Yes ☐ No with w	hom?				
Address:					
Street Contact Person:	City Tele	State ohone:	Zip code		
Readiness for placement: ASAP Currently in the Hospital planning for the future					
List any recent innation	ent admissions	within the Last yea	r)		
List any recent inpatient admissions (within the Last year)					
Hospital:	Dates:				
Rehab Facility:	Dates:				
Nursing Home:		Dates:			
If not hospitalized within last year please give date of last physical exam:					
Has applicant ever been admitted to a state hospital or psychiatric unit? ☐ YES ☐ NO					
Name:	Dates:				
Primary Medical Diagnosis:					
Health Insurance					
Medicare #:	□Part A only	□Part B only □Pa	ırt D □Part A & B		
Part D Prescription coverage provider:		•			
HMO Name:					
Massachusetts Medicaid (Mass Health) #:					
Long Term care insurance:		Policy#:			

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	Monthly Income				
Туре	Recipient Name	<u>Amount</u>			
Social Security		\$			
Retirement (Pension)		\$			
VA Pension		\$			
Rental Income		\$			
Other		\$			
Financial Information/Assets					
Name of Bank:	Type of account:	Amount:			
		\$			
		\$			
		\$			
Do you own: □Stocks □Bonds □CD's □Mutual Funds Approximate Value: \$					
Life insurance policy: Company	name:Poli	су#:			
Beneficiary Name:	Face Value:				
Have you created a trust: □YES □NO If so what type:					
Do you own your home? □YES □NO					
Has there been a transfer or gift of more than \$750.00 in the past 5 years? □YES □NO					
If yes please explain:					
*PLEASE NOTE IF YOU ARE APPLYING FOR MASS HEALTH (MEDICAID), THE LOOK BACK PERIOD IS 5 YEARS. THIS IS TO DETERMINE WHETHER THERE HAVE BEEN ANY DISQUALIFYING ASSET TRANSFERS.					
Funeral/Burial Arrangements					
Funeral Home:	Telephone	e#:			
City:	State:				
Have arrangements been pre-p	aid? □YES □NO				
Do you have an account set up for Burial/Funeral expenses? ☐YES ☐NO					

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I hereby state to the best of my knowledge and belief, the above stated information is true, correct and complete.

I understand that if any information has been falsely represented, this will be a sufficient cause for voiding this application for admission

*All of the information will be kept confidential by Oriol Health Care and will not be released without written permission.

Signature of Applicant (If able):______ Date: _____

Signature of Responsible Party: ______ Date: _____

Application Check list: Please include the following documentation with this application:

- ☐ Completed application form
- ☐ Copies of applicant's insurance cards
- ☐ Copies of any of the following that apply:
 - Power of Attorney
 - Health Care Proxy
 - Guardianship
 - Conservatorship

Please Mail/E-Mail or Fax to one of the Following:

Oriol Health Care Oriol Health Care

Attn: Holden & Oakdale Admissions-LTC Attn: Wachusett Resp Unit Admissions

52 Boyden Road Suite 209 52 Boyden Road Suite 209

Holden, MA 01520 Holden, MA 01520

Email: Admissions@oriolhealthcare.com Email: Admissions@oriolhealthcare.com

Fax: 508-829-1277(Holden) 508-829-1276 (Oakdale) Fax: 508-829-1277