

Stanly Manor Inc.

625 Bethany Road

Albemarle, North Carolina 28001

704-982-0770

Application for Admission

Level of Care Desire: SNF ICF Rest Home Date _____

Last Name _____ First Name _____ MI _____ Maiden _____

Street _____ City _____ State _____ Zip _____ Phone Number _____

Birth Date: ____/____/____ Birth Place _____ Social Security Number: _____
Month Day Year

Medicare I.D. Number _____ Medicaid I.D. Number _____

Mother's Name _____ Age at Death _____ Father's Name _____ Age at Death _____

Race _____ Sex _____ Primary Language _____

Marital Status Single Married Widowed Separated Divorced Spouse Name (if living) _____

Responsible Party Name _____

Street _____ City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

Power of Attorney Yes No Guardian _____

Emergency Contact Person _____

Relationship _____ Home _____ Work _____

Living Children or Close Family _____

Local Funeral Home Desired _____

Church Affiliation _____ Ministers name _____

Education Level _____ Previous Occupation(s) _____ Military Service _____

Past/Present Interest _____

Community Activity _____

Current Living Arrangement _____

Prior Living Arrangement (past 5 years) _____

Medical Condition _____

Current Primary Physician _____ Physician Desired on Admission _____

Current Medications _____

Stanly Manor Inc.

Customary Routine for Past Year

CYCLE OF DAILY EVENTS

- Stays up late at night (e.g. after 9pm)
- Naps regularly during day (at least 1 hour)
- Goes out 1+ days per week
- Stays busy with hobbies, reading or fixed daily routine
- Spends most of time alone or watching TV
- Moves independently indoors (with appliance, if used)
- Use of tobacco products as least daily
- None of the Above

EATING PATTERNS

- Distinct food preferences
- Eats between meals all or most days
- Use of alcoholic beverages (at least weekly)
- None of the above

ADL PATTERNS

- In bed clothes much of the day
- Wakens to toilet all or most nights
- Has irregular bowel movement pattern
- Prefers showers for bathing
- Prefers bathing in PM
- None of the above

INVOLVEMENT PATTERNS

- Daily contact with relatives/close friends
- Usually attends church, temple, synagogue (etc.)
- Finds strength in faith
- Daily animal companion/presence
- Involved in group activities
- None of the above

MENTAL STATUS

- Alert Periodically Confused Confused Not Responsive

COMMUNICATION

- Communicates Verbally Hearing Loss Sight Loss

FINANCIAL DATA

Please briefly describe applicant's assets giving approximate values and income:

Assets: Bank, Accounts, CD's etc: \$ _____

Monthly Income: Social Security \$ _____

Life Insurance Cash Value \$ _____

SSI \$ _____

Value of all Real Estate \$ _____

Pension \$ _____

Any Outstanding Debts \$ _____

Interest Income \$ _____

Other \$ _____

I have have not made application for Medicaid assistance. Case worker's Name _____

County of application _____

I hereby make an application to Stanly Manor, Inc. I declare the answers given to the above questions to be true and Correct to the best of my knowledge.

Application/Responsible Party

Date

Date Received by Stanly Manor, Inc.