

LONG TERM
APPLICATION FOR ADMISSION



COUNTY OF BUCKS
Neshaminy Manor
1660 Easton Road
Warrington, PA 18976
(215) 345-3205

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(215) 345-3205

APPLICATION FOR LONG TERM ADMISSION

Applicant's Name: _____
(Last) (First) (Middle) (Maiden)

Social Security Number: _____

Reason For Application: _____

Residency: Begin with present residence (home, hospital, other) and record residence(s) during past five years

Street Town County Zip Code
Address: _____ From _____ To _____

Address: _____ From _____ To _____

Present Location

Private Home Assisted Living Nursing Home Acute Hospital Psychiatric Hospital Rehabilitation Hospital

Lives Alone YES NO Have you receive services from AAA Waiver Program YES NO

Residential history last 5 years (check all settings lived in during last 5 years)

Private Home Assisted Living Nursing Home Acute Hospital Psychiatric Hospital Rehabilitation Hospital

Any history of mental retardation, mental illness or developmental disability YES NO

Date of Birth: _____ **Place of Birth:** _____ **Age:** _____ **Sex:** _____ **Marital Status:** _____ **U.S. Citizen** YES NO

Primary Language: _____ **Other Language:** _____

Race/Ethnicity: American Indian/Alaskan Native Asian/Pacific Islander Black, not of Hispanic origin
 Hispanic White, not of Hispanic origin

Religion/Church Affiliation: (optional) _____

Education –highest level completed: No Schooling 8th grade or less 9th – 11th grade High School Graduate
 Tech/Trade Some College Bachelor's Degree Graduate Degree

Military Service: YES NO **War:** WWII Korean Vietnam Gulf War **Branch:** _____

Lifetime Occupation: _____

Name of Spouse: _____ **Spouse's SS#:** _____ **If deceased date of death:** _____

Insurance:

Medicare A Medicare B Medicare #: _____

Medicare Related HMO Name _____ ID # _____

Medicare Supplement Name _____ ID # _____

Medical Assistance MA# _____ MA HMO Name _____ ID # _____

Do you have Long Term Care Insurance? YES NO If yes please provide a copy.

Prescription Drug Plan Name of Company _____ ID # _____ Subscriber's Name _____

Income:

Social Security: Amount _____ Disability (SSD): Amount _____ Supplemental (SSI): Amount _____

Direct Deposited YES NO

Pension:

Company Name: _____ Address: _____ ID #: _____ Amount: _____

Direct Deposited YES NO

Dividends, Interest, etc. (Source & Address) _____

Do You Own a Residence or Real Estate? YES NO Value: _____

Has applicant transferred or given away any properties or money in the past 5 years? YES NO

If so, please explain: _____

Bank Accounts (Checking & Savings)

Bank _____

Name Address Account # Amount

Bank _____

Name Address Account # Amount

CD's, Money Market, Trust, Stocks, Bonds or IRA's

Name Address Account # Amount

Life Insurance

Company Policy # Value Beneficiary Loan

Responsible for Burial Arrangements: Name _____ Phone# _____

Advance Directives: Family Representative, Legal Guardian, Power of Attorney, Healthcare Proxy. Please bring upon admission.
Living Will, Treatment Limitations, Anatomical gift, other directives: Please bring upon admission.

EMERGENCY CONTACTS:

FIRST:

Name Address Zip Code Relationship

Tele# (H) Tele# (W) Tele# (Cell)

SECOND:

Name Address Zip Code Relationship

Tele# (H) Tele# (W) Tele# (Cell)

I hereby certify that all the foregoing information furnished by me is TRUE and ACCURATE to the best of knowledge. I hereby acknowledge the fact that as of March 1, 1999 Neshaminy Manor is a Smoke Free facility and I hereby agree to accept and follow the facility's established Smoking Policy.

Signature of Applicant/Responsible Party

Date

Copies of all Health Insurance Cards, Medicare, Social Security Card and Advance Directives must accompany this application to ensure timeliness of admission to our facility.