



Application for Admittance

This application does not constitute an admission agreement. Information submitted herein will be reviewed by administration to determine if further admittance procedures are advisable. No obligation is placed on either the Applicant or Facility through submission of this form. However, if admission is deemed advisable, the information submitted on the application will become pertinent to admittance, and will become a part of the overall agreement. False or misleading statements may nullify any and all future agreements. Please print plainly.

Last Name: First Name:..... Middle Name:

Present Address: Daytime Phone:

Date of Birth: Place of Birth:..... Marital Status:

Fund for Residency at Virginia Gay Nursing and Rehab will be provided by (check all that apply):

- Self-Privately
- Self-Privately with Nursing Home Insurance
- TitleXIX
- Other

Social Security No.: Medicare No.: Medicaid No.:

Supplemental Insurance/Policy No.:..... Nursing Home Insurance Company/Policy No.:

Prescription Drug Plan/Policy No.:..... Highest Level of Education:

Name and Address of Local Physician:..... Phone No.:

Name and Address of Eye Doctor: Phone No.:

Name and Address of Dentist: Phone No.:

Local Pharmacy of Choice (check one): Clingman Pharmacy LaGrange Pharmacy VA Medication Phone No.:

Hospital of Choice: Phone No.:

Church Membership and Town:

Pastor:..... Phone No.:

Funeral Home Preference/Address: Phone No.:

Person designated to make decisions if the applicant is or becomes unable to manage their own financial, medical, and personal affairs. The person listed will be the primary contact for the applicant.

Name: Address:

Home Phone: Work Phone: Cell Phone:

Is the person listed above (check all that apply): Medical Power of Attorney General Power of Attorney Legal Guardian Responsible Party

Copies Attached: Living Will Insurance Cards Medical/General Power of Attorney

List two alternate emergency contacts:

1. Name: Address:.....

Home Phone: Work Phone: Cell Phone:

2. Name: Address:.....

Home Phone: Work Phone: Cell Phone:

Printed Name of Person Completing Application:

Signature of Person Completing Application: Date: