



Baptist Village Retirement Communities

APPLICATION FOR ADMISSION

The following is an application for admission to our facility. Whether your anticipated stay is planned for short-term or long-term we ask you to please complete this application and return it to the Admission Director. Criteria for admission are the same for all persons without regard to race, gender, color, creed, religion, national origin, age, marital status, physical or mental impairments, or source of payment.

Applicant's Name:		DOB:	
Present Address:			
Phone Number:		Gender:	
SSN:		Place of Birth:	
Former Occupation:		Are you a Veteran?	
Burial Preferences--Funeral Home (City, State):			
Marital Status:			
An Address must be listed for all Emergency Contacts:			
Emergency Contact:		Phone Number:	
Address:		Relation:	
Emergency Contact:		Phone Number:	
Address:		Relation:	
Emergency Contact:		Phone Number:	
Address:		Relation:	
Does Applicant have a Durable Power of Attorney ?		Yes	No
Does Applicant have a Healthcare Advance Directive ?		Yes	No
Does Applicant have a DNR status?		Yes	No
Does Applicant have a Living Will ?		Yes	No
Does Applicant have a Court-Appointed Legal Guardian ? <i>If yes, provide information below:</i>		Yes	No
Name:		Phone Number:	
Medicare Number:		Medicare Advantage Number:	
Medicaid Number:		Medicare Part D Number:	
Medicare Supplemental Plan Name and ID:			
Other Insurance Provider Name and ID:			
Does the Applicant have Long Term Care Insurance? <i>If yes, list the information below.</i>		Yes	No

LTC Insurer:		LTC Policy Number:	
LTC Payment Amount:		LTC Duration of Coverage:	
Please indicate Applicant's anticipated stay:	Short Term Rehabilitation		Personal Care
	Long Term Skilled Nursing Placement		Independent Living
Primary Care Physician:			
Pharmacy:			
Has the Applicant been hospitalized within the last two years?			Yes
<i>If yes</i> , name of Hospital(s):			
Reason(s) for Hospitalization:			
Has the Applicant been in any other Nursing Home, Rehab Facility, or Assisted Living within the past year?			No
<i>If yes</i> , please provide the name and dates of service at the facility/facilities.			

Notice: Under Georgia law, there is no liability for an injury or death of an individual entering these premises if such injury or death results from the inherent risks of contracting COVID-19. You are assuming the risk by entering these premises.

APPLICANT'S STATEMENT:

The applicant certifies that he/she has carefully read and answered every question contained in the application accurately before signing. Also, the applicant understands that after acceptance for admission, a physical examination by the applicant's primary care physician or physicians providing care at the hospital is required. The applicant gives permission for the *Director of Admissions* or alternative designated staff member to contact the applicant, the responsible party, and/or hospital employee for the purpose of acquiring further information.

Neither party is under any obligation until the application has been received and the offer of admission is accepted by the applicant. The applicant agrees that if he/she becomes a resident of Baptist Village, that the applicant will at all times faithfully observe and be governed by all of the rules and code of living of Baptist Village in existence or hereafter adopted.

BAPTIST VILLAGE RESERVES THE RIGHT:

- ❖ To accept or reject any applicant for admission.
- ❖ To make and change room assignments subject to the resident's rights and responsibilities.
- ❖ To make changes in the rules and code of living or to make exceptions to them according to the best judgment of the Board of Trustees of Baptist Village.
- ❖ To increase the compensation for care based upon increased operating costs.

The undersigned hereby makes application to Baptist Village for admission and affirms that the information provided is accurate and complete. The applicant acknowledges that incomplete and/or incorrect statements are grounds for not accepting the application and may result in the cancellation of any agreements. The applicant agrees that this application shall become a part of any subsequent agreement of admission.

Signature of Applicant or Applicant's Responsible Party	Date