

APPLICATION FOR ADMISSION



Our Mission

Bethany Life's mission is to help elders thrive in their life journey, living in a Christian environment of hope and compassion.

WELCOME



Admissions Application

Applying for admission



Date ____

ShortTerm Rehab

🗆 Long Term Care

Personal Inquiry								
Name of Applicant (Full first, middle, a	Date of Birth							
Street Address	City	State	Zip Code	County	Phone Number			
Email Address				How did you hear about us?				
Race	Ethnicity	Social Security Number		United States Citizen	Sex			
 □ American Indian or Alaskan Native □ Asian □ Black or African American □ White □ Other 	 Hispanic or Latino Not Hispanic or Latino 			🗆 Yes 🗆 No	 Male - Female Do Not Wish to Disclose 			
Language	Marital Status			If Married or Widowed, Spouse's Name				
	🗆 Single 🗆 Married 🗆 Wi	e 🗆 Married 🗆 Widowed 🗆 Divorced						
Are You a Veteran?	Is Your Spouse a Veteran?	Branch of Military						
🗆 Yes 🗆 No	🗆 Yes 🗆 No							
Religion	If Applicable, Church Memb	ership						

Financial Inquiry – Part A							
Billing Address (Address of applicant or applic	Phone Number						
Street Address	City	State	Zip Code	County			
Do you currently receive Medicaid benefits?	If yes, please list Medicaid number						
🗆 Yes 🗆 No							
Do you have Medicare Part A?	Do you have Medicare Part B?		Policy Number				
🗆 Yes 🗆 No	🗆 Yes 🗆 No						
Do you have a Medicare supplement?	If yes, please list insurer		Policy Number				
🗆 Yes 🗆 No							
Do you have a Medicare Advantage plan?	If yes, please list insurer		Policy Number				
🗆 Yes 🗆 No							
Do you have other Health Insurance?	If yes, please list Insurer		Policy Number				
🗆 Yes 🗆 No							
Do you have long term care insurance?	If yes, please list insurer		Policy Number				
🗆 Yes 🗆 No							
Address	City, State & ZIP		Phone Number				

Health Inquiry							
Please list the providers that you will utilize during your residence at Bethany Life							
Primary Care Physician	Eye Doctor	Dentist		Mortuary (if established)			
A.1.	<u> </u>						
Attorney							
Persons to be notified in case of e	mergency (in order to be contacted	d with medical upda	tes)				
Name		Cell Phone #	Home Phone #	Relationship			
Email Address							
		Cell Phone #	Llama Dhana #	Delationakia			
Name		Cell Phone #	Home Phone #	Relationship			
Email Address							
Name		Cell Phone #	Home Phone #	Relationship			
Email Address							
Have you executed any of the following? Please include copies of all applicable documents with submission of application.							
Living Will Dependence Provide Power of Attorney for Healthcare Decisions Dependencial Power of Attorney Dependence Power of Atto							
Who is your Medical Power of Attorney? (Check if non-applicable)							
				- 51/4			
				□ N/A			
If no Medical Power of Attorney, who should be contacted for medical questions/decisions?							
Please provide any other information that may be helpful or important to include in order to process this application:							

According to my best knowledge and belief, the information disclosed in this admission application is complete, accurate, and true in all respects. I agree, if admitted, to abide by the admission agreement of Bethany Life.

Signature of Applicant, or Person Completing this Application

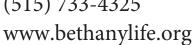
Date

Notice to applicant – this application must be accompanied by any/all insurance cards as well as Medicare and Social Security cards

Note: This application does not constitute an admission agreement. Information submitted will be reviewed by Bethany Life staff to determine if further admission procedures are advisable. No obligation is placed on either the applicant or Bethany Life via submission of this application. The offer is accepted when the applicant named above enters Bethany Life as a resident or a tenant, and it becomes part of the overall agreement between the applicant above and Bethany Life. If the applicant makes no other arrangements, and/or no longer desires residency within Bethany Life, this offer should be withdrawn by notice to Bethany Life. When such notice is received, this admission application will be removed from the file.

Bethany Life shall not deny admission to any resident solely based on the person's financial inability to pay the full cost of their care. Benevolent support may be available for some residents who are not able to pay the full cost of their care. Application for such support may be made through the business office.







Revised January 2021