

Crescent Manor Rest Home
5 Crescent Street
Grafton, MA 01519
Telephone: (508) 839-2124
Fax: (508) 839-5268

APPLICATION FOR ADMISSION

Please complete this application in order for us to determine if Crescent Manor is appropriate for you. If you need assistance, please call social workers at (508) 839-2124 x102 or x103.

Date: _____

General and Financial Information

Applicant's Name: _____

Address: _____

Telephone #: _____

Date of Birth: _____ Birth Place: _____

Sex: Male [] Female [] Social Security Number: _____

Marital Status: _____ Veteran: _____

Former Occupation: _____

Spouse's or Next of Kin's Name: _____

Address: _____

Phone Numbers: cell# _____ home# _____ other# _____

Health Insurance Policy

Masshealth/Medicaid # _____

Medicare # _____

Medicare D program # _____

Veteran Insurance _____

Other Insurance: _____

Financial Information

Are you the beneficiary of a trust? no yes, please make trust available for review

Do you have a pre-paid funeral? no yes, please make trust available for review

Please list any vehicle you own including car, van, recreational vehicle, mobile home, boat

Make/Year	Name of Owner	Equity

Do you or your spouse have a life insurance policy? If yes, please complete.

	Policy #1	Policy #2	Policy #3
Owner of Policy			
Insurance Company			
Face ValueCash			
Surrender Value			
Insured (Full Name)			
Other			

Do you own any retirement account such as IRAs, 401(k) or 403(b) accounts, ect? no yes

Do you have any securities, stock, bonds other than retirement accounts (including US saving bonds). Money market funds (in an investment house), ect? no yes

Do you have a bank account other than retirement accounts (Including money market accounts, certificate of deposit and checking account(s) owned by you or on which your name appears. If married, include all accounts held by you and or your spouse.

Please list each bank account			
Bank Name	Account #	Name in which Account is held	Amount

Have you made gifts of any money or property in the past 5 years? If so please list the date, value and to whom it was given.

Date	Value	Person Receiving Gift

Please describe your regular monthly income, if applicable include your spouse's income (do not list investment income). Indicate if any income is directly deposited into a bank account. Do you have rental income?

Type of Monthly Income

Social Security \$	/month	Annuities \$	
SSDI \$	/month	Trust \$	
SSI \$	/month	Other	
Pension \$	/month		

Does someone other than you administer your finances? No Yes
 If yes, Name _____ Relationship: _____
 Address: _____ Telephone: _____

Have a representative payee, a grantor or conservator? If yes please list Name(s), Address(es) and contact numbers:

Real estate assets:

Does the Applicant own his/her home? No Yes, Address: _____

Approximate Value\$ _____

Mortgages and Liens: _____

Creditor: _____

Amount: \$ _____ Monthly Payments: \$ _____

Is the property owned jointly? No Yes, Names of Co-Owners: _____

Responsible Person and Children

Name: _____ Relationship: _____

Address: _____

Phone Numbers: cell# _____ home# _____ work# _____

Child's name	Address	phone
1.		
2.		
3.		
4.		
5.		

Is there a Health Care Proxy? [] No [] Yes - please provide copy of HCP

Is there a Power of Attorney? [] No [] Yes

Medical Information

Height: _____ Weight: _____

Do you see a medical Specialist? No [] Yes [] Why? _____

Name: _____ Specialty: _____

Allergies: _____

Medication	Dose	Direction	Prescribing Dr	Start date

Primary Care Physician: _____ Telephone: _____

Address: _____

Ambulation: _____ Able to climb stairs: _____

Continence issues: _____ Diet: _____

Mental Status/ Behaviors of Applicant

Alert _____ Appropriate _____ Cooperative _____ Confused _____

Oriented _____ Wanders _____ Combative _____ Disoriented _____

I hereby certify that to the best of my knowledge that stated information is true, correct and complete. I understand that if any information has been falsely represented or any material omissions made, might constitute sufficient cause for voiding this application for admission and will be kept confidential by Crescent Manor Rest Home.

Signature of Applicant: _____ Date: _____

Signature of Responsible Party: _____ Date: _____

Crescent Manor Rest Home complies with the provisions of Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, and all agreements imposed pursuant thereto to the end that no person shall be eliminated for participation and/ or denied benefits or otherwise be subject to discrimination on the basis of race, creed, color, age, disability, national origin, or veteran status in the provision of care or service for residents or in employment practices.