

Holy Family Manor



301 Nazareth Way
Pittsburgh, PA 15229

Admission Application

Resident Information

Name _____
Last First Middle Initial

Current Address _____

Phone number _____

County of Residence _____

United States Citizen Yes _____ No _____ (if no)
Pending Citizen Yes _____ No _____

Veteran Yes _____ No _____

Social Security Number _____ - _____ - _____ Maiden Name: _____

Insurance Information (Please submit copies of all insurance cards including PACE and ACCESS cards with this application. Failure to submit will delay processing of application)

Medicare Card Number _____

Medicaid Card Number _____

Insurance Provider Name _____

Member ID # _____ Group # _____

Billing Address _____

Phone Number _____

WHO NOTIFY IN CASE OF EMERGENCY

Name and Relationship _____

Phone Number

Home _____ Cell _____ Work _____

BURIAL INFORMATION

Funeral Home _____ Phone Number _____

Address _____

Cemetery _____ Phone Number _____

Address _____

RESPONSIBLE PERSON INFORMATION

Primary

Name and Relationship _____

Address _____

Phone Number

Home _____ Cell _____ Work _____

E-mail _____

Secondary

Name and Relationship _____

Address _____

Phone Number

Home _____ Cell _____ Work _____

E-mail _____

FINANCIAL INFORMATION

Person Responsible for Financial Matters

Name and Relationship _____

Address _____

Phone Number

Home _____ Cell _____ Work _____

Income Sources

	Amount	Frequency
Social Security	_____	_____
SSI	_____	_____
Black Lung	_____	_____
Annuity	_____	_____
Pension	_____	_____
Interest	_____	_____
Dividends	_____	_____
Support from Relatives	_____	_____
Trust Fund	_____	_____
		Location
Other	_____	Please explain

Are you either independently or with the help of an agreed upon aid to your support, able to pay the monthly rate of the accommodation and services you are requesting?

Yes _____ No _____

If the applicant will need to apply for the Personal Care Home boarding supplement either now or in the future, please explain in detail how family/POA will be willing to help supplement this amount with either monetary or in-kind donations to "The Community at Holy Family Manor, Inc. Personal Care Home.

Monthly Expenses

Source	Cost Per Month
Health Insurance Premium	_____
Life Insurance Premium	_____
Medications	_____
Other _____	_____
Other _____	_____
Total Expenses per Month	_____

Assets

	Approx. Value	Investments	Approx. Value
Cash on Hand	_____	Stocks	_____
Banking Assets	_____	Bonds	_____
Checking Account	_____	Mutual Funds	_____
Savings Account	_____	Other	_____
Certificate of Deposit	_____	Other	_____
Christmas Clubs	_____	Other	_____
Vacation Clubs	_____	Other	_____
Other Banking Accounts	_____	Other	_____

Real Estate

	Approx. Value	Name on Deed
Residential Property	_____	_____
Other Property	_____	_____
Other Land	_____	_____

Life Insurance

Approx. Value

Paid Up Life Policies	_____
Life Insurance requiring Premiums	_____
Irrevocable Burial Account	_____
Prepaid Funeral Amount	_____

Other Assets

Approx. Value

Automobile	_____
Other	_____
Other	_____

Legal Information

Please check (X) all that apply:

Durable Power Attorney for Health Care Decisions Yes ___ No ___

Power of Attorney for Financial Decisions Yes ___ No ___

(Please provide a copy of each that apply)

Please sign and date

Date: _____

I _____ (resident and/or responsible party), do swear to and confirm all information present on the application is factual and current to the best of my knowledge. I further attest that I have not transferred assets to another person within the last three years or have disclosed in writing all assets transferred within three years.

Early Life

Date of Birth _____ Birthplace _____

Where did live growing up? _____ Country: _____

Hair Color _____ Eye Color _____

Identifying Marks/Tattoos _____

What is your race? African American _____ Asian _____ Hispanic _____
Caucasian _____ Other _____

How many siblings do you have? _____ Living _____

What is your primary language? _____

Other languages spoken? _____

Years of education? _____ Post High School Education _____

Were you in the military? _____ Branch _____

Were you in combat? _____ Which war _____

Smoker Yes _____ No _____

The Community at Holy Family Manor, Inc. is a non-smoking facility.

Adult Life

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____

Age when you met your partner _____ Age you were married _____

Partner's Name: _____ How many years married? _____

How many children do you have? _____ Grandchildren? _____

Where did you raise your children? _____

If widowed, for how long? _____

Occupation: _____ Place of Employment: _____

Longest length at one employer: _____ What was your regular shift? _____

Age at retirement: _____ Current Living arrangements _____

Religion/Spirituality Preference: _____

Active in a church? _____ Name of church: _____

Are you or have you ever been involved in community activities or organizations? _____

What kind? _____

Favorite Vacation Spot: _____ Do you have any pets? _____

Do you enjoy animals? _____ Favorite animal: _____

Do you have any special places of interest? _____

What activities do you enjoy? _____

What type of music do you enjoy? _____

Daily Routine

What time do you normally get up in the morning? _____

What do you eat for breakfast? _____

How do you like to spend your day? _____

Do you like to nap during the day? _____ What time do you like to eat lunch? _____

What do you like to eat for lunch? _____

What time do you eat dinner? _____

What do you like to eat for dinner? _____

What is your favorite meal of the day? _____

Do you like ice in your drinks? _____ Do you prefer coffee or tea? _____

What foods do you dislike? _____

What are your favorite foods? _____

What snack foods do you like? _____

How do you spend your evenings? _____

What time do you usually go to bed? _____

Do you sleep with a light on? _____ Radio/TV on? _____

Do you get up during the night to use the bathroom? _____ How often? _____

What time do you like to take a shower? _____ Morning _____ Evening

Favorites

Favorite color? _____

Favorite sport? _____

Favorite sports team? _____

Favorite singer? _____

Favorite television show? _____

Favorite movie? _____

Favorite song? _____

Medical Assessment

Diagnosis: _____

Do you have any known allergies? _____

Do you have any known food allergies? _____

What is your current height _____ Weight _____

Regular bowels? _____ How often? _____

Sensory

Hearing:

_____ Hearing adequate

_____ Hearing impaired – minimally _____ moderately _____

_____ Complete hearing loss

_____ Hearing aid present and used

_____ Has hearing aid but does not wear

_____ Other _____

Vision:

_____ Cataracts Eye affected _____
_____ Glaucoma
_____ Macular Degeneration
_____ Vision adequate
_____ Impaired vision – minimally _____ moderately _____
_____ Complete vision loss/Legally Blind
_____ Wears glasses or contacts _____ Glasses for reading
_____ Has glasses but does not wear
_____ Other _____

Mobility

_____ Ambulates independently
_____ Uses an assistive device; walker ___ cane ___ rollator ___ wheelchair ___
_____ Gait steady
_____ Gait shuffled
_____ Poor balance
_____ Fall in past 60 days; Date _____ Outcome _____
_____ Prosthetic devices _____

Oral Status

_____ All natural teeth
_____ Partial Dentures Upper _____ Lower _____
_____ Full Dentures Upper _____ Lower _____
_____ Broken teeth
_____ Mouth pain
_____ Choking episodes
_____ Chewing problems
_____ Alcohol use

_____ Special Diet _____
_____ Supplements _____ How often _____
_____ Other _____

Medications

Current Physicians

Primary Care Physician Name: _____

Address: _____

Phone/Fax: _____

Last time seen in office? _____

Would you like to use the House Physician? _____

Hospital Preferred: _____

Address: _____

Phone/Fax: _____

Last Hospitalization? _____

Dentist Name: _____

Address: _____

Phone/Fax: _____

Last time seen in office? _____

Podiatrist Name: _____

Address: _____

Phone/Fax: _____

Last time seen in office? _____

Would you like to use the House Podiatrist? _____

Ophthalmologist Name: _____

Address: _____

Phone/Fax: _____

Last time seen in office? _____

Other: _____

Miscellaneous

How did you hear about Holy Family Manor Personal Care Home?

What made you decide to apply at Holy Family Manor Personal Care Home?

**Please enclose: Copies of
All Health and Pharmacy Insurance Cards
Power of Attorney/Living Will**