

WOODRIDGE APPLICATION FOR ADMISSION

FULL NAME _____ SEX _____

ADDRESS _____

DATE OF BIRTH _____ RELIGION _____

MARITAL STATUS _____ BIRTHPLACE _____

NEAREST RELATIVE/RELATIONSHIP _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

LEGAL GUARDIAN _____ PHONE _____

FINANCIAL POWER OF ATTORNEY _____

DURABLE POWER OF ATTORNEY FOR HEALTH CARE _____

PRESENT LOCATION OF APPLICANT _____

LIVES WITH WHOM? _____

CURRENT PHYSICIAN _____ PHONE _____

PHYSICIAN TO FOLLOW AT WOODRIDGE _____

DATE OF LAST EXAM OR HOSPITALIZATION _____

FOLLOWED BY HOME HEALTH? _____

MEDICAL PROBLEMS (PLEASE BE SPECIFIC ABOUT PHYSICAL NEEDS) _____

MEDICATIONS _____

DOES APPLICANT SMOKE? (SMOKING INDOORS IS PROHIBITED) _____

REASON FOR NURSING HOME PLACEMENT _____

HAS PHYSICIAN RECOMMENDED NURSING HOME PLACEMENT? _____

DATE READY FOR PLACEMENT _____ LONG OR SHORT TERM _____

IS APPLICANT AWARE THAT APPLICATION HAS BEEN MADE? _____

PAYMENT METHOD: PRIVATE _____ or MEDICAID # _____

DOES APPLICANT RECEIVE SSI? _____

NURSING HOME INSURANCE _____

OTHER HEALTH INSURANCE _____

SOCIAL SECURITY # _____ MEDICARE # _____

NAME/ADDRESS/PHONE OF OTHER RELATIVES/FRIENDS _____

OTHER INFORMATION _____

SIGNATURE OF PERSON COMPLETING APPLICATION

DATE

ADDRESS/PHONE _____

RETURN COMPLETED APPLICATION TO:
ADMISSIONS COORDINATOR SHERI SPEIRS
WOODRIDGE
BOX 550
BARRE, VT 05641
FOR INFORMATION CALL 371-4712.