

# APPLICATION FOR ADMISSION

The information asked for on this form is needed to evaluate the applicant's request for admission. All information will be considered by the Admissions Committee and will be held in strict confidence. The acceptance of this form does not bind either party to admission.

**DATE:** \_\_\_\_\_

**1. NAME OF APPLICANT:** \_\_\_\_\_  
Last First Middle

**ADDRESS:** \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

**PHONE NUMBER:** (\_\_\_\_\_) \_\_\_\_\_

**SEX:** \_\_\_\_ **AGE:** \_\_\_\_ **SOCIAL SECURITY NO.:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **PLACE OF BIRTH:** \_\_\_\_\_

**MARITAL STATUS:** SINGLE \_ MARRIED \_ WIDOWED \_ DIVORCED \_

**2. NAME OF HUSBAND OR WIFE:** \_\_\_\_\_

**(DATE OF DEATH IF DECEASED):** \_\_\_\_\_

**3. FATHER'S NAME:** \_\_\_\_\_

**MOTHER'S FULL MAIDEN NAME:** \_\_\_\_\_

**4. List below, beginning with the eldest, each living child; (if none, list nearest relatives or person acting in applicant's behalf).**

Name and Relationship	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Number of: Grandchildren:** \_\_\_\_ **Great-grandchildren:** \_\_\_\_

5. Power of Attorney, Medical Power of Attorney, Conservator/Guardian: (Name, address, and telephone number) \_\_\_\_\_

6. Have you applied for entrance to another facility? \_\_\_\_\_  
If so, date and name of facility: \_\_\_\_\_

7. Religion: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_  
Address : \_\_\_\_\_ Phone: \_\_\_\_\_  
Church Address: \_\_\_\_\_

8. Personal Physician's Name: \_\_\_\_\_

9. Physician contacted to attend patient at nursing home: \_\_\_\_\_

10. Hospital preference: \_\_\_\_\_ Address: \_\_\_\_\_

11. Educational background (Last grade completed): \_\_\_\_\_

12. Name and Address of School(s): \_\_\_\_\_

13. Past Occupation: \_\_\_\_\_

14. Name of Employer(s): \_\_\_\_\_

15. Persons who may be contacted to provide emotional support (Names and Addresses):  
\_\_\_\_\_  
\_\_\_\_\_

16. Persons responsible for providing transportation for various doctor appointments and other personal needs:  
\_\_\_\_\_  
\_\_\_\_\_

17. Hobbies or interests: \_\_\_\_\_

18. Were you in the Armed Service? \_\_\_\_\_ Branch: \_\_\_\_\_  
Date of Service: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

19. Financial Status:

	Source	Amount:
a. Regular monthly income – (Include annuities, pensions, social security, and all others)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
b. Value of assets (not including real estate and to the nearest \$500.00 by your best judgement.		\$ _____
c. Value of Real Estate (to your best judgement)		\$ _____

**Insurance:**

**Health Insurance Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Medicare D Plan (pharmacy):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Medicare Number:** \_\_\_\_\_ **Medicare D Co./Number:** \_\_\_\_\_

20. **Have you applied for Medicaid?** \_\_\_\_\_ **If so, when?:** \_\_\_\_\_

**Status of Application:** \_\_\_\_\_ **Medicaid No:** \_\_\_\_\_

21. **If private payment on permanent basis or for a limited time, to be paid by:**

**Name(s):** \_\_\_\_\_ **Address:** \_\_\_\_\_

22. **Do you have a will?** \_\_\_\_\_ **Who has knowledge of its safekeeping?** \_\_\_\_\_

23. **Do you have a living will?** \_\_\_\_\_

24. **Please indicate your feelings regarding life sustaining measures:** \_\_\_\_\_

25. **Burial Information: Name of Funeral Home:** \_\_\_\_\_

**Funeral Director:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Name of Cemetery:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Do you have a prepaid burial trust?** \_\_\_\_\_

26. **Is there any special date by which you desire to enter Cortland Acres?** \_\_\_\_\_

**If so, why?:** \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

**PLEASE NOTE: Cortland Acres is a Tobacco-free facility and campus. Residents, visitors and staff are not permitted to use these products within the facility or on the grounds.**

**I certify that I have read the Admission Policy of Cortland Acres or have had it explained to me and apply for admission with the understanding that these conditions will apply to me as a resident in Cortland Acres.**

\_\_\_\_\_  
**Signature: (Applicant's Power of Attorney, or Nearest Relative)**

*Please return application to: Cortland Acres  
39 Cortland Acres lane  
Thomas, WV 26292*

*Cortland Acres does not discriminate on the grounds of race, color, national origin, sex, creed, disability or age.*