Application/Admit Record

Room #:	Admission #:

Last Name	First Name	Middle Name	Move In Date	Time

Address	City	State	Zip	Sex	Civil Status	County
					☐ S ☐ M ☐ W ☐ D ☐ Sep	

Age	Birth Date	Mo	Day	Yr.	Birthplace	Social Security #:	VA number

Admit From	How Transfer	Former Occupation

Church/Synagogue	Phone Number	Address	Clergyman

Notify in Case of Emergency	Relationship	Address	Phone
1.			
2.			
3.			

Nearest Relative or Guardian	Relationship	Address	Phone

Responsible Party	Relationship	Address	Phone

Mail Handling Instructions: Business Mail: Resident is to receive ☐ Forward to Responsible Party ☐
Personal Mail: Resident is able to open and read on own YES☐ NO ☐

Hospital Preference	Ambulance Preference	Funeral Home Preference

Pharmacy Preference	Phone	Pay Source	Care Level

Attending Physician	Address	Phone

Prescription Drug Plan	# / Group / BIN	PCN

Medicare Number	Other Medical Insurance	Policy Number	Medicaid Number

Payment Source: *☐ SSI ☐ Private Pay ☐ Medicare ☐ Medicaid ☐ L.T.C. Ins. ☐ HCBS
*Supplemental Security Income (**not** Social Security)

"This is an equal opportunity facility. Pursuant to the applicant non-discrimination laws of the United States and other governmental bodies, it is the policy of the Buhler Sunshine Home not to discriminate unlawfully against any applicant based on color, religion, national origin, age, sex, race, or disability." Our services and activities are targeted for persons 62 or over.

How did you hear about our Home? _____Referred by: _____

Room #	Accommodations	Daily Rate	Monthly Payment	Extra Nursing Care &/or Supplies
				as deemed necessary

The resident or responsible party agrees to pay the monthly room charge in advance by the 10th of each month. Additional charges will be billed following the month they are incurred. The health care and services rendered will be as listed in the admission packet.

_____ Resident

_____ Responsible Party

_____ Date