



Application for Admission



Demographic

Completed applications should be faxed to (515)285-6487 or mailed to 4911 SW 19th St., Des Moines, IA 50315

The information contained in this application will be held in strict confidence. This application does not constitute any guarantee of admission. The financial application must be completed and submitted in conjunction with this application to be considered. Once the application has been completed it will be reviewed and the first contact as listed below will be notified of its status. Questions may be directed to Jodie Stoker RN Director of Community & Provider Relations at (515)285-2559 or (515)202-9366.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Marital Status: (circle one) M S D W Date of Birth: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Prior Occupation: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Medicare# \_\_\_\_\_ Primary Ins Name/#: \_\_\_\_\_

Secondary Ins Name(s)/#(s): \_\_\_\_\_ Medicaid #: \_\_\_\_\_

Military Service History: (circle one) Applicant or Spouse Referred By: \_\_\_\_\_

Physician: \_\_\_\_\_ Dentist: \_\_\_\_\_ Podiatrist: \_\_\_\_\_

Optometrist: \_\_\_\_\_ Pharmacy: \_\_\_\_\_

Describe Current Illness's: \_\_\_\_\_

Recent Hospitalization location & dates: \_\_\_\_\_

Previous Nursing Home Stays: \_\_\_\_\_

What do you need assistance with?: \_\_\_\_\_

Living Will: (circle one) Yes No DPOA: (circle one) Yes No POA: (circle one) Yes No

Guardian: (circle one) Yes No If answered yes to the previous please list name & number:

Church Name/Address: \_\_\_\_\_ Clergy Name/Phone: \_\_\_\_\_

Emergency Contact Information(the first contact listed below will be notified of the status of this application):

1) \_\_\_\_\_
Name Address Phone # Relationship

2) \_\_\_\_\_
Name Address Phone # Relationship

3) \_\_\_\_\_
Name Address Phone # Relationship

