

# APPLICATION FOR ADMISSION TO VALLEY VIEW NURSING HOME

Date of Application: \_\_\_\_\_ Date Application Received: \_\_\_\_\_  
 Name of Applicant: \_\_\_\_\_ Age: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Male  Female

## Please Provide a Copy of ALL Insurance Cards

Primary Payer Source:  Private Pay  Medicare  Medicaid  
 Social Security Number: \_\_\_\_\_ Dental: \_\_\_\_\_  
 Medicare A Number: \_\_\_\_\_ Medicare B Number: \_\_\_\_\_  
 Medicaid Number: \_\_\_\_\_  
 Applied to Medicaid:  No  Yes, Date of Application: \_\_\_\_\_  Pending  Approved  
 Other Insurance: \_\_\_\_\_  
 Name of Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

## Admission Source Information

Transfer from:  Hospital  Home  Nursing Home  Assisted Living  
 Preferred Provider:  David Knierim  Anne Millard  Kari Weins  Andrew Fahlgren  
 Hospital Admit Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_  
 Medicare Skilled Days Used: \_\_\_\_\_  
 Previous Location to Hospital Stay: \_\_\_\_\_  
 Address: \_\_\_\_\_

## Please Provide a Copy of ALL Powers of Attorney Paperwork

### Medical Power of Attorney

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### Financial Power of Attorney

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Recieves AR Statement

**1st Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**2nd Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Social History**

Birthplace: \_\_\_\_\_  
Primary Language: \_\_\_\_\_  
Religion: \_\_\_\_\_ Church: \_\_\_\_\_  
Previous Occupation: \_\_\_\_\_  
Veteran  No  Yes, which branch: \_\_\_\_\_ Years: \_\_\_\_\_  
Marital Status:  Single  Married  Widow  Widower  Divorced  
Name of Spouse: \_\_\_\_\_  
Level of Education: \_\_\_\_\_

**Children**

Name	Address	Phone

**Siblings**

Name	Address	Phone

**Friends/Other Relatives**

Name	Address	Phone