

# FAIRVIEW HAVEN RETIREMENT COMMUNITY

www.fairviewhaven.org

PUTTING THE GOLD BACK INTO THE GOLDEN YEARS

Admission Application – Page 1

605 N. Fourth Street, Fairbury IL 61739 (815) 692-2572

Fax: (815) 692-4257

Admissions emails: sfehr@fairviewhaven.org

abahler@fairviewhaven.org

|   |                 |   |                   |
|---|-----------------|---|-------------------|
| APPLICANT NAME:   |                 | PHYSICIAN:  | APPLICATION DATE: |
| ADDRESS:  |                 | PHYSICIAN CITY/PHONE:   |                   |
| CITY, STATE, ZIP:   |                 | DIAGNOSES:  |                   |
| HOME PHONE:   |                 |   |                   |
| CELL PHONE:   |                 |   |                   |
| DATE OF BIRTH:  | SEX: <b>M F</b> | RACE:   |                   |
| BIRTHPLACE:   |                 | HIGHEST LEVEL OF EDUCATION:   |                   |
| SOCIAL SECURITY NUMBER:   |                 | MEDICARE NUMBER:  |                   |
| MEDICAID NUMBER:  |                 | MEDICARE PART D/DRUG CARD?  |                   |
| <b>IF YOU ARE ENROLLED IN MEDICARE ADVANTAGE PLAN , PLEASE WRITE THE NAME OF THE PLAN HERE _____</b><br><b>FAIRVIEW HAVEN IS A PREFERRED PROVIDER FOR HUMANA, HEALTH ALLIANCE &amp; UNITED HEALTHCARE</b> |                 | <b>HAVE YOU EVER COMMITTED A FELONY? Y N</b><br><b>ARE YOU A REGISTERED SEX OFFENDER? Y N</b><br><b>DO YOU SMOKE? Y N</b> <i>Fairview Haven is a smoke free campus. We prohibit residents from smoking on campus and will not accommodate residents with smoking.</i><br><b>DO YOU USE ALCOHOL? Y N</b><br><b>USE ILLEGAL DRUGS OR OTHER CONTROLLED SUBSTANCES? Y N</b> |                   |
| <b>MEDICARE PART A? Y N</b>   |                 | <b>MEDICARE PART B? Y N</b>   |                   |
| CHURCH AFFILIATION:   |                 | MINISTER:   |                   |
| CHURCH ADDRESS/PHONE:   |                 |   |                   |
| DENTIST:  |                 |   |                   |
| PREFERRED HOSPITAL:   |                 |   |                   |
| PREFERRED FUNERAL HOME:   |                 |   |                   |
| ARE YOU A US CITIZEN?   |                 | PRIMARY LANGUAGE:   |                   |
| CAREER:   |                 | MARITAL STATUS:<br><b>S M W D</b>   |                   |
| SPOUSE:   |                 | SPOUSE EMAIL:   |                   |
| SPOUSE ADDRESS:   |                 | HEALTHCARE POA NAME:  |                   |
| SPOUSE PHONE & CELL PHONE:  |                 | HC-POA EMAIL:   |                   |
| CHILD:  |                 | CHILD EMAIL:  |                   |
| CHILD ADDRESS:  |                 | HC-POA ADDRESS:   |                   |
| CHILD PHONE & CELL PHONE:   |                 | HC-POA PHONE & CELL PHONE:  |                   |
| CHILD:  |                 | CHILD EMAIL:  |                   |
| CHILD ADDRESS:  |                 | FINANCIAL POA NAME:   |                   |
| CHILD PHONE & CELL PHONE:   |                 | FINANCIAL POA EMAIL:  |                   |
| CHILD:  |                 | CHILD EMAIL:  |                   |
| CHILD ADDRESS:  |                 | FINANCIAL POA ADDRESS:  |                   |
| CHILD PHONE & CELL PHONE:   |                 | FINANCIAL POA PHONE & CELL PHONE:   |                   |
| TYPE OF PLACEMENT DESIRED: (CIRCLE ALL THAT APPLY)  |                 |   |                   |
| <b>PRIVATE ROOM (FVH)</b><br><b>SUITES (INDEPENDENT APTS.)</b><br><b>ESTATES (ASST. LIVING)</b>   |                 | <b>SEMI-PRIVATE (FVH)</b><br><b>SHORT-TERM STAY</b><br><b>SERENITY VILLA</b>  |                   |
| ANY OTHER COMMENTS OR CONCERNS (I.E. RECENT FALLS):   |                 |   |                   |
| SIGNATURE OF APPLICANT OR RESPONSIBLE PARTY:  |                 | DATE:   |                   |
| <b>NOTE: A ONE-TIME ADMISSION FEE OF \$500 IS CHARGED AT TIME OF ADMISSION TO THE FAIRVIEW HAVEN RETIREMENT COMMUNITY.</b>  |                 |   |                   |

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THE FOLLOWING INFORMATION IS CONFIDENTIAL AND WILL ONLY BE USED IN RELATION TO THE POSSIBLE ADMISSION OF APPLICANT TO FAIRVIEW HAVEN. FAIRVIEW HAVEN HAS NO EXPECTATION OF FINANCIAL CONTRIBUTION FROM THIS PERSON OTHER THAN THE PAYMENT OF HIS/HER OWN BILL. PERSONAL FINANCES WILL NOT BE THE ONLY CRITERIA AFFECTING ADMISSION.

| INCOME                                  |                                      | ASSETS                                   |   |         |
|---|--------------------------------------|--|---|---------|
| APPLICANT SOCIAL SEC. INCOME:           | SPOUSE SOCIAL SEC. INCOME:           | DO YOU OWN YOUR PRIMARY RESIDENCE?       |   |         |
| APPLICANT PENSION:                      | SPOUSE PENSION:                      | IN WHOSE NAME IS YOUR PRIMARY RESIDENCE? | APPROXIMATE VALUE OF PRIMARY RESIDENCE: |         |
| APPLICANT INTEREST/DIVIDENDS:           | SPOUSE INTEREST/DIVIDENDS:           |  | APPLICANT:                              | SPOUSE: |
| APPLICANT RENTAL INCOME:                | SPOUSE RENTAL INCOME:                | VALUE OF OTHER REAL ESTATE OWNED:        |   |         |
| APPLICANT OTHER INCOME:                 | SPOUSE OTHER INCOME:                 | CHECKING/CASH:                           |   |         |
| APPLICANT SUPPLEMENTAL SECURITY INCOME: | SPOUSE SUPPLEMENTAL SECURITY INCOME: | SAVINGS/CDs:                             |   |         |
| APPLICANT TOTAL INCOME:                 | SPOUSE TOTAL INCOME:                 | STOCKS/BONDS:                            |   |         |
|   |                                      | TOTAL ASSETS:                            |   |         |
|   |                                      | OUTSTANDING LOANS OR DEBTS:              |   |         |
| LONG-TERM CARE INSURANCE COMPANY:       |                                      | LIENS/SECOND MORTGAGES:                  |   |         |
| ADDRESS:                                |                                      |  |   |         |
| PHONE:                                  |                                      | PREPAID BURIAL? WHERE?                   |   |         |
| POLICY NUMBER:                          | DAILY RATE:                          |  |   |         |
| SUPPLEMENTARY INSURANCE:                |                                      |  |   |         |
| ADDRESS:                                |                                      | ADDITIONAL INFORMATION OR COMMENTS:      |   |         |
| PHONE:                                  | POLICY NUMBER:                       |  |   |         |
| MEDICARE PRESCRIPTION DRUG PLAN:        |                                      |  |   |         |
| ADDRESS:                                |                                      |  |   |         |
| PHONE:                                  | POLICY NUMBER:                       |  |   |         |

ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE. ALL ASSETS AND INCOME LISTED ARE AVAILABLE TO BE USED FOR THE CARE OF APPLICANT IN THE EVENT THAT LONG-TERM CARE IS NEEDED. (NOTE: THIS FINANCIAL STATEMENT WILL BE REVIEWED AND REVISED IF NECESSARY AT TIME OF ADMISSION.)

|  |       |
|--|-------|
| SIGNATURE OF APPLICANT OR RESPONSIBLE PARTY: | DATE: |
|--|-------|

**NOTE: A ONE-TIME ADMISSION FEE OF \$500 IS CHARGED AT TIME OF ADMISSION TO THE FAIRVIEW HAVEN RETIREMENT COMMUNITY.**