



385 West Center Street  
Manchester, CT 06040-4797  
Phone: 860.646.0129  
Voice Mail: 860.647.7828  
Fax: 860.645.0841  
manchesterrhc.com



# Application for Admission

## Applicant's Full Name

You have contacted this nursing home and indicated a desire to be admitted as a patient to this facility. Because of this, you have already been issued a receipt indicating the date and time of your initial request and your name has been placed on our dated list of applications or inquiry list.

Please find enclosed this facility's written application form. As soon as you substantially complete and return the form to the facility, your name will be placed on our waiting list for admission to the facility.

Your name will only be placed on our waiting list after you substantially complete and return this written application form to us.



180 Regan Road  
Vernon, CT 06066-2824  
Phone: 860.871.0385  
Ext. 4312 or 4357  
Fax: 860.870.2591  
vernonrhc.com



## How did you hear about us?

- ☐ From a friend or family member
- ☐ Website
- ☐ From a blog
- ☐ Facebook
- ☐ Internet search
- ☐ From my doctor or hospital
- ☐ Radio advertisement
- ☐ Newspaper advertisement
- ☐ From an event I attended
- ☐ Other (please specify): \_\_\_\_\_

# APPLICATION FOR ADMISSION

Manchester Manor \_\_\_\_\_

Vernon Manor \_\_\_\_\_

## For Facility Use Only

Type of Admission: Long-term \_\_\_\_ Hospice \_\_\_\_ Respite \_\_\_\_ Alzheimer's \_\_\_\_  
Subacute: Short Term Rehab \_\_\_\_ IV Therapy \_\_\_\_ Cardiac \_\_\_\_ Respiratory \_\_\_\_

### I. PERSONAL INFORMATION

NAME			MAIDEN NAME		TELEPHONE
ADDRESS/STREET			CITY	STATE	ZIP
PLACE OF BIRTH	DATE OF BIRTH	AGE	MARITAL STATUS	SEX	FUNERAL HOME

### II. GENERAL INFORMATION

Religious Affiliation: \_\_\_\_\_ Name of Church \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Applicant's former occupation: \_\_\_\_\_ Name of last employer: \_\_\_\_\_

Date of Retirement \_\_\_\_\_ With whom is the applicant living now? \_\_\_\_\_

Veteran / Spouse Veteran: \_\_\_\_ Dates of Service: \_\_\_\_ Educational Background: \_\_\_\_

Name of Personal Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medicare Part D Pharmacy Drug Plan: \_\_\_\_\_

Applicant is presently at: Home \_\_\_\_ Hospital \_\_\_\_ Nursing Facility \_\_\_\_ Other \_\_\_\_\_

Name of any prior Nursing Facility(s): \_\_\_\_\_ Date(s): \_\_\_\_\_

### III. EMERGENCY CONTACTS

NAME		RELATIONSHIP	POA YES [ ] NO [ ]	CONSERVATOR YES [ ] NO [ ]
ADDRESS		TOWN		ZIP
HOME TELEPHONE	WORK TELEPHONE		CELL PHONE	

NAME		RELATIONSHIP	POA YES [ ] NO [ ]	CONSERVATOR YES [ ] NO [ ]
ADDRESS		TOWN		ZIP
HOME TELEPHONE	WORK TELEPHONE		CELL PHONE	

NAME		RELATIONSHIP	POA YES [ ] NO [ ]	CONSERVATOR YES [ ] NO [ ]
ADDRESS		TOWN		ZIP
HOME TELEPHONE	WORK TELEPHONE		CELL PHONE	

[illegible]

**Person responsible for payment of account:** Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Person to receive inquiries about waiting list placement:** Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

✓ **THE FOLLOWING ITEMS ARE REQUIRED TO PROCESS THE APPLICATION:**

- ☐ Photocopy of Medicare card
- ☐ Photocopy of Insurance card(s)
- ☐ Photocopy of Living Will, if applicable
- ☐ Photocopy of Attorney Agreement, if applicable
- ☐ Photocopy of Conservator Appointment, if applicable

I hereby certify that this is a true and complete statement of my current income and assets and any gifts, transfer of assets, and/or transfers of assets to an irrevocable trust within the last sixty (60) months prior to the date of this application. If necessary, I authorize the above stated nursing facility to contact my bank references or to request a credit report and that, if such report is requested, I will be notified and given an opportunity to examine the results.

All persons, in dealing or making any agreement with the management of Manchester Manor Health Care Center or Vernon Manor Health Care Center thereby agree to look solely to the Facility itself, and not the management as individuals, for the enforcement of any rights, claims, demands or obligations accruing to such persons; and it is expressly acknowledged that none of the management individuals assume any personal liability for such rights, demands, or obligations.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Applicant or Responsible Party**

**For Facility Use Only**

<u>Person Contacted</u>	<u>Date</u>	<u>Comment</u>