

# Application for Residency



## CHOOSING A CAMPUS

I am ready for admission as soon as an opening occurs.  Yes  No

Please select the location(s) you prefer:

- Adrian  Arcadia Valley  Ashland  Chillicothe  Independence  Ozark  
 Tri County  Smithville (fall 2023)

## LIVING SITUATION FOR RESIDENCY

### Active (Independent) Living:

Available living arrangements vary by campus. Resident must be able to fully care for themselves. Light housekeeping and all yard work and apartment repairs provided. Preferred Unit Style: \_\_\_\_\_

### Assisted Living:

Licensed care for those needing minimal assistance. Meals and housekeeping provided. *(Not yet available in Ashland)*

### Nursing Care:

Nursing staffed 24 hours/7 days and access to medical services available through area physicians. *(Not yet available in Ashland)*

## POTENTIAL RESIDENT INFORMATION

First Name \_\_\_\_\_ Last \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

HomePhone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Veteran  Veteran's Spouse/Widow Military Branch \_\_\_\_\_

Marital Status:  Never Married  Married  Widowed  Divorced

Spouse's Name \_\_\_\_\_ Marriage Date \_\_\_/\_\_\_/\_\_\_

Church Membership \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

## LEGAL INFORMATION

Do you have health insurance?  Medicare  Medicaid (MO Healthnet)  Supplement

Long-Term Care Insurance?  Yes  No Pre-paid funeral arrangement?  Yes  No

Do you have a Durable Power of Attorney (POA) or Legal Guardian?  Yes  No

Name of POA or Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Do you have an Estate Plan?  Yes  No Do you have an Advanced Health Care Directive?  Yes  No

Have you disposed of any assets other than customary living expenses?  Yes  No

Please give reason for disposal \_\_\_\_\_

Do you expect to need benevolent assistance in the next 5 years?  No  Yes\*

\*If yes, a financial application will need to be completed.

Please add my name to a mailing list for news and information about The Baptist Home

I HEREBY AFFIRM that I am submitting this Application for Residency to The Baptist Home of my own free will and the information herein is true and correct to the best of my knowledge. I will abide by the Admissions Policy, in which, I have not or will not transfer or give away any real or personal assets other than for customary living expenses that otherwise could cause me to require benevolent assistance in the future. I understand that my name will be added to the application data base and all admissions are based on availability and type of residency. I understand the completion and submission of the Application for Residency does not imply or guarantee residency at The Baptist Home. The Baptist Home reserves the right to refuse admission to any person whose needs cannot be met by the facility.

Signature of Applicant \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**BAPTIST HOMES & HEALTHCARE MINISTRIES**

PO Box 390 | Jefferson City, MO 65102 | (866) 454-2709 | desk@thebaptisthome.org | www.bhhm.org