

MEDICAL INFORMATION

PRIMARY DIAGNOSIS _____

OTHER DIAGNOSES _____

PRIMARY PHYSICIAN _____ HOSPITAL OF CHOICE _____

PLEASE LIST ALL SPECIALISTS APPLICANT HAS ROUTINE VISITS WITH:

NAME _____ SPECIALTY _____ NAME _____ SPECIALTY _____

NAME _____ SPECIALTY _____ NAME _____ SPECIALTY _____

NAME _____ SPECIALTY _____ NAME _____ SPECIALTY _____

LIST ALL INPATIENT STAYS WITHIN THE LAST FIVE YEARS (I.E. MEDICAL, SURGICAL, REHAB, PSYCH):

LOCATION: _____ DATE: _____ ADMITTING DIAGNOSIS: _____

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LOCATION: _____ DATE: _____ ADMITTING DIAGNOSIS: _____

LOCATION: _____ DATE: _____ ADMITTING DIAGNOSIS: _____

ASSISTANCE AND DAILY ROUTINE

DOES THE APPLICANT NEED ASSISTANCE WITH:

TOILETING	YES/NO	BATHING	YES/NO
DRESSING	YES/NO	EATING/DRINKING	YES/NO
GROOMING	YES/NO	REPOSITIONING	YES/NO
WALKING	YES/NO	TRANSFERRING	YES/NO

DOES THE APPLICANT HAVE A FEEDING TUBE? _____

HOW MANY TIMES IN THE LAST 30 DAYS HAS THE APPLICANT FALLEN OR LOST THEIR BALANCE? _____

HOW MANY TIMES IN THE LAST 90 DAYS HAS THE APPLICANT FALLEN OR LOST THEIR BALANCE? _____

HAVE SIGNS OF MEMORY LOSS BEEN OBSERVED/EXPERIENCED? _____

DOES THE APPLICANT HAS A LEFT OR RIGHT SIDE WEAKNESS? _____

DOES THE APPLICANT USE ADAPTIVE EQUIPMENT? IF YES, WHAT KIND?

DESCRIBE A TYPICAL DAY FOR THE APPLICANT

FOR PLANNING PURPOSES ONLY (NOT BINDING)

APPLICANT EXPECTS TO BE READY TO MOVE INTO THE BEECHWOOD HOME ON OR AFTER _____.
(MONTH AND YEAR)

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS

1. DOES THE APPLICANT HAVE ANY SWALLOWING ISSUES? YES NO
2. HAS APPLICANT EVER ATTEMPTED TO WANDER AWAY FROM RESIDENCE? YES NO
3. DOES APPLICANT EXHIBIT EXIT SEEKING BEHAVIOR? YES NO
4. IS THE APPLICANT A CONVICTED SEXUAL OFFENDER? YES NO
5. DOES APPLICANT CURRENTLY SMOKE? YES NO
6. DID THE APPLICANT SMOKE IN THE PAST? YES NO
IF YES, DATE OF LAST CIGARETTE? _____
7. DOES THE APPLICANT CURRENTLY CONSUME ALCOHOL? YES NO
IF YES, HOW MUCH/HOW OFTEN? _____
8. DOES THE APPLICANT HAVE A HISTORY OF RECREATIONAL DRUG ABUSE? YES NO
9. DOES THE APPLICANT HAVE A HISTORY OF PRESCRIPTION DRUG ABUSE? YES NO
10. DOES THE APPLICANT HAVE A VALID DRIVER'S LICENSE? YES NO
11. DOES THE APPLICANT CURRENTLY DRIVE A MOTOR VEHICLE? YES NO
12. DOES THE APPLICANT USE A WHEELCHAIR? YES NO
IF YES, MANUAL/POWER/SCOOTER? _____
13. DOES THE APPLICANT HAVE A METRO ACCESS PASS? YES NO
14. DOES THE APPLICANT ATTEND ANY COMMUNITY AND/OR DAY WORKSHOPS? YES NO
15. DOES THE APPLICANT HAVE A TRACHEOSTOMY? YES NO
16. DOES THE APPLICANT HAVE ANY WOUND OR SKIN ISSUES? YES NO
17. HAS THE APPLICANT EVER HAD AN INPATIENT ADMISSION TO PSYCHIATRIC UNIT? YES NO
18. DOES THE APPLICANT HAVE A HISTORY OF VERBAL AGGRESSION TOWARDS OTHERS? YES NO
19. DOES THE APPLICANT HAVE A HISTORY OF PHYSICAL AGGRESSION TOWARDS OTHERS? YES NO

FINANCIAL INFORMATION

- CAN THE APPLICANT MEET THE PRIVATE PAY RATE OF \$335.00 A DAY (APPROXIMATELY \$10,350/MONTH)? YES NO
- IS THE APPLICANT SERVICE CONNECTED WITH THE VA? YES NO
- DOES THE APPLICANT HAVE A QUALIFIED INCOME TRUST? (RELATED TO MEDICAID) YES NO
- DOES THE APPLICANT RECEIVE A PENSION, PRIVATE, LOCAL, STATE OR FEDERAL AID INCLUDING SOCIAL SECURITY?
IF YES, PLEASE SPECIFY:

SOURCE	AMOUNT	IDENTIFICATION NUMBER

INSURANCE COVERAGE

MEDICAID YES NO PENDING NUMBER _____

TRADITIONAL MEDICARE YES NO NUMBER _____ A EFF DATE _____ B EFF DATE _____

MANAGED MEDICARE YES NO COMPANY _____ NUMBER _____

*IS THE APPLICANT ENROLLED IN A **MY CARE OHIO** PLAN? YES NO*

*IF YES, WHAT COMPANY IS MANAGING THE PRODUCT(S)? _____ "DUAL" **OR** "MEDICAID ONLY"*

MEDICARE PRESCRIPTION YES NO COMPANY NAME _____ NUMBER _____

LIFE INSURANCE POLICY? YES NO

LONG-TERM CARE POLICY? YES NO IF YES, WITH WHO _____

OTHER INSURANCE YES NO PROVIDER _____ NUMBER _____

PLEASE INCLUDE COPIES OF INSURANCE CARDS WITH APPLICATION

THE BEECHWOOD HOME WAITING LIST DISCLOSURES

The Beechwood Home is an open concept facility that allows residents to travel throughout the facility. The facility does not have a secured unit thus is not appropriate for individuals who have a history of exit seeking behaviors or have an identifiable safety concern related to the building design.

The Beechwood Home is a non-smoking facility. Residents are not permitted to smoke in the facility, on facility sponsored activities, or on the facility grounds.

Residents are not permitted to have smoking/drug paraphernalia in their possession, including E-Cigarettes.

Failure to comply with the smoking policy will result in discharge from the facility.

Scooters are not permitted in the facility due to safety concerns. Manual and custom electric wheelchairs are permitted.

Due to the facilities close proximity to a school, sexual offenders are not permitted to be admitted.

Applicants will be added to the waiting list upon receipt of a completed application. Placement on the waiting list does not guarantee or assure admission. Admission decisions are made utilizing the discretion of the Admission Committee and are made taking into consideration current conditions, situations, needs, financial/medical information and other pertinent data.

On an annual basis, applicants will be asked to update contact, medical and financial information by completing the current years waiting list application. Applications will be sent to the address on file. If the applicant chooses to remain on the waiting list, the application will need to be completed and submitted within 60 days. Failure to respond within 60 days may result in the applicant being taken off the waiting list.

At the time an applicant is actively being considered for admission, additional information will be requested for review by the Admission Committee. This information will include but may not be limited to medical, psychosocial, financial and functional status.

To the best of my knowledge, the information on this application is truthful, complete and accurate.

Signature

Date