

BUTLER COUNTY CARE FACILITY

1800 PRINCETON ROAD

HAMILTON, OHIO 45011

PHONE (513) 867-5721

APPLICATION FOR ADMISSION – BUTLER COUNTY CARE FACILITY

Date of Application _____ Date of Admission _____

STATEMENT OF FACTS:

Applicant's Name _____ Social Security # _____

Present Address _____ Age _____ Sex _____

_____ Date of birth _____

Place of Birth _____ U. S. Citizen _____

In Butler County: From _____ To _____; In State of Ohio: From _____ To _____

Previous Occupation _____

Previous Employer _____

RESPONSIBLE PARTY (Sponsor):

Name _____ Phone # Home _____

Address _____ Work _____

Relationship to Applicant _____

FAMILY HISTORY:

Name of Spouse _____ Social Security # _____

Address _____ Phone # _____

Current Marital Status: Married and Spouse living _____ Spouse deceased _____

Divorced _____ Never Married _____ Year Spouse deceased _____

Children's Names and Addresses:

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

Father's Name _____

Mother's Maiden Name _____

Sisters living _____ Brothers living _____

MEDICAL BACKGROUND:

Reason for Placement _____

Applicant's Attitude Toward Placement _____

Present Condition of Applicant: Known diagnosis _____

Walks alone _____ Confused _____ Incontinent: Bowel _____ Bladder _____

Uses a Walker/Cane _____ Memory Loss _____ Feeds self _____ Needs Assist. _____

Uses Wheelchair _____ Wanders _____ Hearing _____ Vision _____

In Case of serious illness or death notify:

Name _____ Telephone # _____

Address _____ Relationship _____

Name _____ Telephone # _____

Address _____ Relationship _____

In case of death who will stand expense of burial? _____

Funeral Home requested _____

Place of burial _____ Lot No. _____

Does applicant have a specific Church affiliation? If so, please list name of Church and name of Minister

We would appreciate any remarks that would help us to better and more quickly establish a trust relationship between the applicant and our Staff. Examples: Previous life style, particular pleasures, hobbies, etc., which will enable us to relate to each other:

FINANCIAL STATEMENT

Describe any Real Estate presently owned by applicant _____

Has any property been transferred to another party (by applicant) within last 5 years:

Describe _____

Describe any personal property presently owned by applicant (cash, securities, savings, etc.)

List all income applicant receives from any source or sources:

Social Security (amount per month) _____ SSI (amount per month) _____

Railroad Pension (amount per month) _____ PERS (amount per month) _____

Veteran's Benefits (amt. per month) _____ Any other income such as dividends, etc.,

NOTE: I (we) understand that if application is being made for Medicaid Assistance, I must direct all my income and (or) assets to Butler County Care Facility to pay for my intermediate Nursing Care. This income would also provide to the Resident personal monies and health care premiums (if applicable) as specified by the State/Federal Medicaid Program.

Does applicant have Medical Insurance coverage? List contract numbers if applicable:

Blue Cross/Blue Shield? Contract # _____ Monthly Premium _____

Medicare: Medicare No. _____

AARP: Contract # _____ Monthly Premium _____

Medicaid: Contract # _____ Other (Specify) _____

Does applicant have Life Insurance?

Name of Company or Companies _____

Policy numbers and amounts _____

Name and address of beneficiary _____

Note: After application is made and verified through Medicaid (if applicable), a pre-admission tour will be arranged with the Administrator, Social Services Director and Director of Nursing to evaluate the Client's degree of ambulation and proper placement in the Home; and the TB Mantoux skin test requirement, etc., will be covered at this time.