

BETHANY TOWERS APPLICATION FOR ASSISTED LIVING

201 S University Dr, Fargo ND 58103 (701)239-3439 Fax(701)239-3586 TTY Dial: 711

APPLICANT NAME						Applicant Telephone#		
Current Address								
Date of Birth		Sex		CIVIL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Social Security		Medicare number & letter	Copies required on admission
Medical Insurance, Medicare D Policy, and/or Medicaid #	Company Name: Copies required on admission				Policy#			
LTC/Assisted Living Insurance	Company Name: Copy of policy cover page required on admission				Policy#			
Spouse	Name of Spouse:				Are you a Veteran: Yes or No			
	Date of Death (if applicable):				Are you a Spouse of a Veteran: Yes Or No			
Hometown				Former Occupation				
Religion/Church Name				Funeral Home				
Hospital Preference				Pharmacy (Address)				
Primary Physician	Name:			Clinic Name & Address:				
Specialty Physician	Name: Specialty type:			Clinic Name & Address:				
Dentist	Name:			Address:				
Eye Doctor	Name:			Address:				

EMERGENCY NOTIFICATION

Please name three people you would want to be contacted in event of emergency. List the person you wish to be contacted first in the #1 box. The person contacted would then be responsible for notifying other family members per your wishes.

#	NAME	RELATIONSHIP	ADDRESS	Phone #
1			Street:	Home:
			City:	Work:
			State/zip:	Cell:
2			Street:	Home:
			City:	Work:
			State/zip:	Cell:
3			Street:	Home:
			City:	Work:
			State/zip:	Cell:

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Housing Assistance	Do you wish to receive information and an application for housing assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	Do you wish to be on the waiting list for housing assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes		
County Assistance	Do you receive any county assistance? <input type="checkbox"/> No <input type="checkbox"/> No, but information regarding application needed. <input type="checkbox"/> Yes – County:		
VA	Do you receive any VA benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes		Is the applicant a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Is the applicant the spouse of a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Statements <small>(Bethany Towers Bill & Personal Care Service Bill)</small>	Mail to:	Name:	Phone #:
	Address:		
Business Mail:	Do you wish to have junk mail discarded <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Do you wish to have business mail forwarded to another responsible party <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Name and Address:		
Advanced Directives <small>(Check applicable boxes, provide copies of applicable paperwork upon admission.)</small>	<input type="checkbox"/> Durable Power of Attorney (DPOA) <input type="checkbox"/> Power of Attorney for Health Care (Finances)		
	<input type="checkbox"/> Guardian <input type="checkbox"/> Living Will <input type="checkbox"/> Advanced Directives Code Level - _____		
	Name/Address of DPOA/POA/Guardian:		

Reason for change in living arrangements:

Activity Interests:

Has the applicant been a resident at Bethany Homes in the past? Yes No **Where:** _____

Placement Needed: First available Within 6 months Other _____

Anticipated length of stay: Long term Short term

If short term please list time frame placement will be needed and if possible expected duration of stay.

Preferred Placement: Towers I **Style of Room:** _____
 Towers II **Style of Room:** _____

The undersigned represent that all of the above statements are true and complete and hereby authorize Bethany Towers, its employees and agents to contact and obtain information from any individuals or entities that may have information regarding past residential arrangements of the undersigned. The undersigned hereby indemnify and hold harmless American Lutheran Homes, Inc., its employees and agents and all other individuals or entities contacted by American Lutheran Homes, Inc., from all causes of action, expenses, losses or damages of any kind arising from or related to any information obtained regarding the undersigned. All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap or national origin in compliance with the Fair Housing Act. This application is preliminary only and does not obligate American Lutheran Homes, Inc., to deliver possession or keys to the premises. No contract will be established between the parties until a lease agreement has been signed by all parties. For the safety of our tenants a criminal and credit history will be conducted by Advantage Credit Bureau. Bethany Homes reserves the right to refuse rental to persons with a criminal history. Following the review of credit history and at the discretion of Bethany Homes, a co-signer may be required.

Applicant Signature: _____ **Date:** _____

Responsible party Signature: _____ **Date:** _____

