

Total Monthly Income _____

Spouse/Partner _____

Address: _____

Children _____

Siblings _____

RESPONSIBLE PERSON (if applicable) _____

Address _____

Home Phone _____ Cell Phone _____

NATURE OF RESPONSIBILITY ___ Guardian ___ Power of Attorney ___ Healthcare Agent

CONTACT PERSON (if Responsible Person is not designated) _____

Address _____

Home Phone _____ Cell Phone _____

PERSON TO BE NOTIFIED IN CASE OF DISCHARGE OR DEATH

Name _____

Address _____

Home Phone _____ Cell Phone _____

RESOURCE INFORMATION

ATTENDING PHYSICIAN _____

ADDRESS _____

PHONE NUMBER _____

ATTENDING PHYSICIAN _____

ADDRESS _____

PHONE NUMBER _____

HOSPICE AGENCY _____

FUNERAL HOME _____

OTHER _____

SIGNATURES

The resident or his/her responsible person should be asked to sign this form only after all the above sections above have been completed. The Executive Director of designee-in-charge is to review this form with the resident or his/her responsible person and revise as needed.

Signature – Resident or Responsible Person Date

Name – Please print

Signature – Executive Director or Designee-in-Charge Date

Name – Please print

Admission evaluation pending receipt of the following:

- Copy DNR
- Copy MOLST

Copy of Guardianship

Copy of Health Care Proxy

Copy of Health Care Proxy Invocation if active

Hospice Referral Information

Copy of statement from Hospice agency that potential resident meets hospice criteria and that they will admit to hospice once resident arrives at Harmony House

3.25.17