

**GRACEDALE ADMISSION APPLICATION**

**Dr.'s = SL or LV**

2 Gracedale Avenue  
Nazareth, Pennsylvania 18064  
Phone: 610-829-3600 Fax: 610-746-5208

Name of Applicant: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Applicant Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Since: \_\_\_\_\_ Current Location: \_\_\_\_\_

Marital Status: \_\_\_\_\_ DOB: \_\_\_\_\_ Education: \_\_\_\_\_ USCitizen: YES or NO

Past employment: \_\_\_\_\_ Hosp. Pref.: \_\_\_\_\_

PCP: \_\_\_\_\_ Prior Hosp. /NH Stays: \_\_\_\_\_

Do you own your home? YES or NO Mortgage Amount: \_\_\_\_\_ Value: \_\_\_\_\_

Veteran: (Self or Spouse) Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Religion: \_\_\_\_\_ Church: \_\_\_\_\_

Social Security#: \_\_\_\_\_ Medicare# \_\_\_\_\_

Other Medical Insurance: \_\_\_\_\_ HMO: YES or NO

ID#: \_\_\_\_\_ Group#: \_\_\_\_\_ Plan#: \_\_\_\_\_

Access Card (Medical Assistance) Recipient#: \_\_\_\_\_

PACE Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Medicare part D: \_\_\_\_\_

Prescription Drug Plan: \_\_\_\_\_ Group and ID#'s: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Source: \_\_\_\_\_ Other income \_\_\_\_\_

Current Balance: Checking Acct: \_\_\_\_\_ Savings Acct: \_\_\_\_\_

Other: \_\_\_\_\_ CD's: \_\_\_\_\_ Stocks/Bonds/ Annuities: \_\_\_\_\_

Trust Acct: \_\_\_\_\_

Unpaid Nursing Home balance: \_\_\_\_\_ **Loans:** \_\_\_\_\_

Life Insurance Policies: Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Face Value: \_\_\_\_\_ Cash Value: \_\_\_\_\_

Have you ever been convicted of a crime? YES or NO If yes, please explain

\_\_\_\_\_

Has any property or assets been liquidated within 5 years? YES or NO

This includes any gifts, donation, transfers, withdrawals or transactions. If yes, please explain:

\_\_\_\_\_

Preferred Funeral Director and#: \_\_\_\_\_

Is this Prepaid: YES or NO      Burial Plot: YES or NO LOCATION: \_\_\_\_\_

Any Living Will/Advanced Directives: YES or NO

Any Power of Attorney (POA): YES or NO, Name: \_\_\_\_\_

First Contact:                      Relation \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone:                      (H) \_\_\_\_\_                      (C) \_\_\_\_\_

Email: \_\_\_\_\_

Second Contact:                      Relation \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone:                      (H) \_\_\_\_\_                      (C) \_\_\_\_\_

Email: \_\_\_\_\_

I affirm that the information provided in this application, to the best of my knowledge, is correct:

Applicant: \_\_\_\_\_                      Date: \_\_\_\_\_

Resp. Party: \_\_\_\_\_                      Date: \_\_\_\_\_

Influenza Vaccine: \_\_\_\_\_

Glasses: \_\_\_\_\_

Pneumonia vaccine: \_\_\_\_\_

Hearing Aides: \_\_\_\_\_

Dentures: \_\_\_\_\_

Pacemaker: \_\_\_\_\_

Functional Status: \_\_\_\_\_

Allergies:

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## Gracedale Documents for Admission

**All Stays require current copies of Medical Records including but not limited to History and Physical, current medication list, include labs and any surgeries**

### **Short-Term Stay with Co-Insurance:**

- Copies of Medicare, Insurance Cards, and Prescription Cards
- Any Power of Attorney or Living Will

### **Short-Term without Co-Insurance, Long-Term and Private Pay:**

- Proof of Age: Birth Certificate or Driver's License
- I.D. Cards: Social Security, Medicare, Access, PACE, Blue Cross, Managed Care cards and Prescription cards
- Verification of Income: Copy of check, Pay Stub, or bank statement showing direct deposit
- The most recent financial Statements: Checking, savings, credit union, stocks, money market funds, annuities. List of CD's and savings bonds
- 1099 from all pensions { should be with tax records}
- Copy of any prepaid funeral arrangements or cemetery plot deed

Guardianship papers, Power of Attorney, Living Will