

# Bethany

Our home is your home,

For Office Use only

Date Received. \_\_\_\_\_

## Bethany Nursing Home & Assisted Living Application

While we understand often times circumstances change quickly, we do ask that individuals interested in joining our waiting list for assisted living, long term care, or skilled rehab complete the below application. All answers are optional and if you are unable to answer any of the questions please feel free to leave them blank.

Are you interested in?

\_\_\_ Assisted Living: Apartment type living with 24-hour supervision. Private pay only.

\_\_\_ Long Term Nursing Care: 24 Hour Nursing Care. Medicaid benefits can be used.

\_\_\_ Skilled Rehab Care: Temporary stays for rehabilitation. Possible insurance &/or government reimbursement.

\_\_\_ Temporary Respite Stay:

\_\_\_ Unsure: Please have Bethany representative contact me to determine level of care.

For long term nursing care, we have both private and semiprivate options. Please note, semiprivate rooms are significantly more readily available. Please indicate your preference:

\_\_\_ Private room only

\_\_\_ Private or semiprivate room: 1<sup>st</sup> Available regardless of type

\_\_\_ Semiprivate only

Resident Name \_\_\_\_\_ DOB \_\_\_\_\_ Male or Female

Current Residence \_\_\_\_\_ Social Security # \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

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Our home is your home,  
Address for Notification

\_\_\_\_\_

Email Address for Contact

\_\_\_\_\_

Person

\_\_\_\_\_

2<sup>nd</sup> Contact Phone

2<sup>nd</sup> Contact Address

\_\_\_\_\_

2<sup>nd</sup> Contact Email Address

\_\_\_\_\_

## Health Insurance Information

Medicare Number Please provide a copy of card.

\_\_\_\_\_

Secondary Insurance

\_\_\_\_\_

Please also include copy of front and back of insurance card.

Medicare D Plan

\_\_\_\_\_

(Prescription Drug Plan)

Please also include copy of front and back of card.

Medicaid Number Please provide a copy of card.

\_\_\_\_\_

Pending Medicaid Number

\_\_\_\_\_

Approved

\_\_\_\_\_

## Financial Information (information is considered confidential)

Having a summary of your financial assets is helpful in order to plan for potential admission to Bethany Nursing Home or Assisted Living. Filling out below information is optional and if you prefer to not list assets please feel free to leave below sections blank.

Monthly Social Security Income

\_\_\_\_\_

Monthly Pension or VA Benefits

\_\_\_\_\_

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## Financial Information (information is considered confidential) cont.

Stocks, Bonds, Private Retirement Plans, Savings Account, Checking Account, etc. Please summarize below.

Account Type (Checking, Savings, Etc)	# of Shares	Total Current Market Value	Joint Acct	
			Y	N
_____	_____	_____		
_____	_____	_____	Y	N
_____	_____	_____	Y	N

If you are reporting that you own a home, please list the outstanding mortgage balance, if any: \_\_\_\_\_

Do you plan to use this property to pay for your nursing home stay?      Yes      No

Other Assets:

\_\_\_\_\_

\_\_\_\_\_

Please provide a brief description of the applicant's medical needs and the reason for placement:

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For Assisted Living and Long Term Care admissions, a Bethany staff member is required to do an assessment prior to confirming admission to ensure that we can provide proper care. Who should be contacted about arranging an assessment

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All completed application forms should either be returned to a Bethany staff person in the front office, emailed to Scott Beigie at [sbeigie@bethanynh.com](mailto:sbeigie@bethanynh.com), or mailed to Bethany:

ATTN: Scott Beigie Admissions  
Bethany Nursing Home, Inc.  
626 34<sup>th</sup> Street NW  
Canton, OH 44709