
Number of: Grandchildren: _____ Great-grandchildren: _____

5. Power of Attorney, Medical Power of Attorney, Conservator/Guardian:

(Name, address, and telephone number)

6. Have you applied for entrance to another facility? _____

If so, date and name of facility: _____

7. Religion: _____ Pastor's Name: _____

Address: _____ Phone: _____

Church Address: _____

8. Personal Physician's Name: _____

9. Physician contacted to attend patient at nursing home: _____

10. Hospital preference: _____ Address: _____

11. Educational background (Last grade completed): _____

12. Name and Address of School(s): _____

13. Past Occupation: _____

14. Name of Employer(s): _____

15. Persons who may be contacted to provide emotional support (Names and Addresses):

16. Persons responsible for providing transportation for various doctor appointments and other personal needs:

17. Hobbies or interests: _____

18. Were you in the Armed Service? _____ Branch: _____

Date of Service: _____ Type of discharge: _____

19. Financial Status:

A. Regular Monthly Income:(Include annuities, pensions, social security and all others)

Source: _____ Amount: \$ _____

Source: _____ Amount: \$ _____

Source: _____ Amount: \$ _____

B. Value of assets:(not including real estate and to the nearest \$500.00 (to your best judgment):

\$ _____

C. Value of Real Estate (to your best judgment): \$ _____

Insurance:

A. Health Insurance Company Name: _____

Address: _____

Phone Number: _____

B. Medicare D Plan (pharmacy): _____

Address: _____

Phone Number: _____

Medicare Number: _____ Medicare D Co./Number: _____

20. Have you applied for Medicaid? _____ If so, when?: _____

Status of Application: _____ Medicaid No: _____

21. If private payment on permanent basis or for a limited time, to be paid by:

Name(s): _____ Address: _____

22. Do you have a will? _____ Who has knowledge of its safekeeping? _____

23. Do you have a living will? _____

24. Please indicate your feelings regarding life sustaining measures: _____

25. Burial Information: Name of Funeral Home: _____

Funeral Director: _____ Address: _____

Name of Cemetery: _____ Address: _____

Do you have a prepaid burial trust? _____

26. Is there any special date by which you desire to enter Cortland Acres? _____

If so, why? _____

Additional Comments: _____

Please note: Cortland Acres is a smoke-free/tobacco free facility. Residents are not permitted to use these products within the facility.

I certify that I have read the Admission Policy of Cortland Acres or have had it explained to me and apply for admission with the understanding that these conditions will apply to me as a resident in Cortland Acres.

Signature: (Applicant's Power of Attorney or Nearest Relative)

*Please return application to: **Cortland Acres**
HC 60, Box 98
Thomas, WV 26292-9704*

Cortland Acres does not discriminate on the grounds of race, color, national origin, sex, creed, disability or age.