

# Bethany Lutheran Home

7 Elliot Street  
Council Bluffs, IA 51503  
Tel: (712) 328-9500 Fax: (712) 328- 2304

# Bethany Heights

11 Elliot Street  
Council Bluffs, IA 51503  
Tel: (712) 328-8228 Fax: (712) 329-4058

## Application for Admission

Application Date

\_\_\_\_\_

Name	Date of Birth	Place of Birth
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Home Address, City, State, Zip	Home Phone Number
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**Responsible Party/ Family/ Friends (*The first person listed is the emergency contact.*)**

Names	Addresses	Work and Home Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Primary physician: (Must be licensed in Iowa)	Alternative Physician
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Hospital	Dentist	Psychiatrist
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Optometrist	Funeral Home
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Pharmacy circle <b>one</b>	Community Pharmacy	Gretna Pharmacy
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Date of most recent physical exam or hospitalization:

\_\_\_\_\_

Height	Weight
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\_\_\_\_\_

**Insurance Information**

Medicare # (or RailRoad Medicare #) \_\_\_\_\_ Social Security # \_\_\_\_\_  
Medicaid # \_\_\_\_\_ Authorization # \_\_\_\_\_ Caseworker \_\_\_\_\_  
Effective Date \_\_\_\_\_ County \_\_\_\_\_

Supplemental Medical Insurance Company \_\_\_\_\_  
Policy# \_\_\_\_\_

Long Term Care Insurance Company \_\_\_\_\_  
Policy # \_\_\_\_\_

**Social History**

Do you have: *Please check all that apply and attach documents. Copies are acceptable*

- Guardian
- Conservator
- Living Will

**Marital Status**

- Single
- Married
- Widowed
- Divorced

Spouse's name *whether living or not:*

\_\_\_\_\_

Wedding Anniversary date

\_\_\_\_\_

Date of death of spouse if applicable \_\_\_\_\_

Have you been or are you now a resident of another nursing home? \_\_\_\_\_

Where? When?

Church or religious preference: Congregation \_\_\_\_\_

Clergy \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_

Are you a Veteran or spouse/widow(er) of a veteran?

Branch of Service:

Past or Present occupation:

Past or Present interests or hobbies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any special needs or requests?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Please tell us about your needs. Check all that apply.

<b>Yes</b>	<b>No</b>	<b><u>Daily Routine</u></b>	<b>Yes</b>	<b>No</b>	<b><u>Sensory</u></b>
___	___	Can wash self	___	___	Can hear
___	___	Conversation	___	___	Can see
___	___	Can dress self	___	___	Expresses self well
___	___	Can feed self	___	___	Behavior
___	___	Has control of bladder	___	___	Can follow simple
___	___	Has control of bowel	___	___	Is easily agitated
___	___	Can walk independently or with walker	___	___	Sleeps all night
___	___	Can transfer self	___	___	Wanders or paces
___	___	Can propel own wheelchair	___	___	Wanders or paces
___	___	Requires splint or brace	___	___	Angers easily
___	___	Wears a prosthesis _____	___	___	Cries frequently
			___	___	Naps during the day
			___	___	Bothered by noise
<b>Yes</b>	<b>No</b>	<b><u>Health</u></b>	<b>Yes</b>	<b>No</b>	<b><u>Social</u></b>
___	___	Is diabetic	___	___	Enjoys larger groups
___	___	Has heart problems	___	___	Enjoys smaller groups
___	___	Has nervous problems	___	___	Likes being with
___	___	Has memory problems	___	___	Likes to be alone
___	___	Has allergies _____	___	___	Has sense of humor
___	___	_____	___	___	Dislikes being alone
___	___	Smokes	___	___	Enjoys being active
___	___	Uses alcohol	___	___	Prefers quiet activity
___	___	Needs special diet	___	___	
___	___	Has unhealed wounds			
___	___	Has own teeth			

**Preferences:**

Yes	No	Yes	No	Yes	No
___	___	___	___	___	___
	T.V./Movies		Shopping trips		Conversations
___	Pets	___	Field trips	___	Group Participation
___	Van rides	___	Church	___	Singing
___	Leading	___	Puzzles	___	Handicrafts
___	Table Games	___	Painting	___	Musical Programs
___	Parties	___	Newspapers	___	Books on Tape
___	Cards	___	Playing musical instrument		
___	Music – Style _____			Other _____	

**INDIVIDUAL FINANCIAL STATEMENT**  
*All information will be held confidentially*

To whom shall we send the monthly bill and other business mail from Bethany Lutheran Home or Heights?

Do you want us to forward business mail from other businesses that comes to you at Bethany Lutheran Home or Heights? To whom?

<b>Assets</b>	<b>Liabilities</b>
Cash on hand or in banks.....\$ _____	Unpaid taxes.....\$ _____
Government Securities.....\$ _____	Outstanding loans....\$ _____
Stocks and Bonds.....\$ _____	Unpaid Interests.....\$ _____
Real Estate (approx.).....\$ _____	Other debts-Itemize.\$ _____
Automobiles.....\$ _____	
Other investments.....\$ _____	Total Liabilities.....\$ _____
Cash Value of Life Insurance\$ _____	
Other Assets-Itemize.....\$ _____	
	<b>Income</b>
Total Assets.....\$ _____	Social Security.....\$ _____
	Pensions.....\$ _____
	Dividends.....\$ _____
	Other Income- Itemized\$ _____
	Total Income.....\$ _____

For the purpose of showing financial responsibility, I furnish the foregoing as a true and accurate statement of my financial condition. It is agreed that, if necessary, any of the assets listed will be converted to cash and used for the payment and benefit of the person named herein. I also understand that while a resident of Bethany Lutheran Home/Bethany Heights, no transfer of assets shall be made to jeopardize my ability to pay schedule monthly charges. I further understand that any such transfer may be grounds for discharge from Bethany.

Release of Information

I hereby give Bethany Lutheran Home/ Heights permission to release my medical information to the Iowa Foundation for Medical Care for the purpose of completing required the pre-admission screening.

*Signature of applicant/ responsible party*

\_\_\_\_\_ *Date* \_\_\_\_\_