

Application for Residency

CHOOSING A CAMPUS

Please select the campus(es) of your choice below.

I am ready for admission as soon as an opening occurs. Yes No

Arcadia Valley Campus

Sherri Snider, Administrator
The Baptist Home
P.O. Box 87
Ironton, MO 63650
Phone: (573) 546-7429
Fax: (573) 546-6212
ssnider@thebaptisthome.org

Chillicothe Campus

Lynn Jackson, Administrator
The Baptist Home
500 Baptist Home Lane
Chillicothe, MO 64601
Phone: (660) 646-6219
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Ozark Campus

Sammy Allen, Administrator
The Baptist Home
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Ozark, MO 65721
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sallen@thebaptisthome.org

LIVING SITUATION FOR RESIDENCY

Independent Living Chalet (Arcadia Valley & Chillicothe only):

One or two bedroom apartments in a four-plex unit. Resident must be able to fully care for themselves. Light housekeeping and all yard work and apartments repairs provided.

Independent Living Bungalows:

Two bedroom and two bathroom apartments in a four-plex unit. Resident must be able to fully care for themselves. Light housekeeping and all yard work and apartments repairs provided.

Independent Living Patio Homes:

Three bedroom and two bathroom duplexes. Resident must be able to fully care for themselves. Light housekeeping and all yard work and apartments repairs provided.

Assisted Living:

Licensed care for those needing minimal assistance. Meals and housekeeping provided. Residents must be able to travel to and from the dining room on their own.

Nursing Care:

Nursing staffed 24 hours/7 days and access to medical services available through area physicians. This level of service applies to anyone who requires more than light assistance with daily tasks.

POTENTIAL RESIDENT INFORMATION

First Name _____ Last _____ Middle _____

Address _____ City _____ St. _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____ E-mail _____

Birth Date ___/___/___ Place: County _____ City _____ State _____

Vocation(s) _____

Veteran Veteran's Spouse/Widow Military Branch _____

Marital Status: Never Married Married Widowed Divorced

Spouse's Name _____ Marriage Date ___/___/___

Church Membership _____ City _____ St. _____ Phone (____) _____

Physician's Name _____ Phone (____) _____

List Current Health Problems: _____

FINANCIAL & LEGAL INFORMATION

Are you enrolled in? Medicare Medicaid (MO Healthnet)

Other Health Insurance _____ Long-Term Care Insurance? Yes No

Pre-paid funeral arrangement? Yes No Paid in full? Yes No Amount Owed \$ _____

Do you have a Durable Power of Attorney (POA) or Legal Guardian? Yes No

Name of POA or Guardian _____ Phone (____) _____

Do you have an Estate Plan? Yes No Do you have an Advanced Health Care Directive? Yes No

Monthly Income: Social Security \$ _____ Retirement \$ _____ Other Income \$ _____

List all debts and amounts owed: _____

Have you disposed of any assets other than customary living expenses? Yes No

Please give reason for disposal _____

Please List All Assets

Are any of the following assets owned jointly with another person? Yes No

If yes please indicate below which assets are jointly owned and with whom.

Description of Assets	Joint Owner	Total Value	Description of Assets	Joint Owner	Total Value
Real Estate (Est. Value)	_____	\$ _____	Vehicle(s) (Est. Value)	_____	\$ _____
Household (Est. Value)	_____	\$ _____	Antiques (Est. Value)	_____	\$ _____
Personal Items	_____	\$ _____	Money Market Account(s)	_____	\$ _____
Checking Account(s)	_____	\$ _____	Passbook Savings Account(s)	_____	\$ _____
Certificate(s) of Deposit	_____	\$ _____	U.S. Saving Bond(s)	_____	\$ _____
Other Bond(s)	_____	\$ _____	IRAs/Annuities	_____	\$ _____
Stock(s)	_____	\$ _____	Mutual Funds	_____	\$ _____
Life Insurance	_____	\$ _____	Life Insurance	_____	\$ _____
Other	_____	\$ _____	Total Indebtedness Due You	_____	\$ _____

Please add my name to a mailing list for news and information about The Baptist Home

I HEREBY AFFIRM that I am submitting this Application for Residency to The Baptist Home of my own free will and the information herein is true and correct to the best of my knowledge. I will abide by the Admissions Policy, in which, I have not or will not transfer or give away any real or personal assets other than for customary living expenses that otherwise could cause me to require benevolent assistance in the future. I understand that my name will be added to the application data base and all admissions are based on availability and type of residency. I understand the completion and submission of the Application for Residency does not imply or guarantee residency at The Baptist Home. Also, I understand that admission to The Baptist Home is subject to approval by the Executive Committee of the Board of Trustees and The Baptist Home reserves the right to refuse admission to any person whose needs cannot be met by the facility.

Signature of Applicant _____ Date ____/____/____

Updated 1/2/09

Office Use Only:

Social Security #: ____-____-____ Medicare #: _____ Medicaid #: _____

