

**SUNSET MANOR
RESIDENT APPLICATION**

DATE OF APPLICATION: _____

APPLICANT'S GENERAL INFORMATION:

APPLICANT'S FULL NAME: _____
ADDRESS: _____

CITY	STATE	ZIP
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CURRENT LOCATION: (IF DIFFERENT FROM ABOVE, I.E. HOSPITAL, NURSING HOME, ETC.):

SEX: M F DATE OF BIRTH: _____ BIRTHPLACE _____

MARITAL STATUS: S M D W SPOUSE'S NAME: _____

FORMER OCCUPATION: _____ RELIGION: _____

SS#: _____ - _____ - _____ MEDICARE #: _____

DO YOU HAVE LONG TERM CARE INSURANCE? _____ POLICY #: _____

WILL YOU BE PAYING FROM PRIVATE RESOURCES? _____

DO YOU HAVE ANY OTHER INSURANCE? (Blue Cross, AARP, etc.) _____ POLICY #: _____

DO YOU HAVE MEDICAID? _____ MEDICAID #: _____

DO YOU ANTICIPATE APPLYING FOR MEDICAID ASSISTANCE? _____

(Application for Medicaid assistance can only be completed following admission to an approved nursing home and is the responsibility of the resident sponsor. Approval is dependent upon Alabama Medicaid requirements and is based upon both medical and financial eligibility guidelines. Upon admission Sunset Manor will provide the resident sponsor with necessary forms and phone numbers to obtain information and begin the application process under the direction of the district Medicaid office.)

APPLICANT'S HEALTH INFORMATION:

APPLICANT'S PHYSICIAN: _____

PRIOR TO ADMISSION, ALL POTENTIAL RESIDENTS MUST SECURE A SUNSET MANOR STAFF PHYSICIAN FOR THEIR MEDICAL CARE

LIST GENERAL HEALTH CONDITION/HEALTH PROBLEMS REQUIRING NURSING HOME PLACEMENT:

MENTAL STATUS: ALERT: [] ORIENTED: [] CONFUSED: [] WANDERING: [] AGITATION: [] COMBATIVE: []

PRESENT LEVEL OF FUNCTION: PLEASE CHECK ALL THAT APPLY:

REQUIRES TOTAL ASSISTANCE TO EAT: [] NEEDS A LITTLE HELP: [] FEEDS SELF: []
REQUIRES TOTAL ASSISTANCE TO DRESS: [] NEEDS A LITTLE HELP: [] DRESSES SELF: []
BOWEL AND BLADDER: NO PROBLEMS: [] LEAKING: [] INCONTINENT BOWEL [] OR
BLADDER []
WALKS INDEPENDENTLY: [] WALKS WITH ASSISTANCE: [] USES WALKER, CANE, OR CRUTCHES: []
TRANSFERS WITH HELP FROM BED TO CHAIR: [] TOTALLY BED FAST: []

SPECIAL DIETARY NEEDS: _____

HAS THE APPLICANT EVER BEEN ADMITTED TO ANOTHER NURSING HOME OR AN INSTITUTION FOR THE MENTALLY RETARDED OR MENTALLY ILL? _____

IF YES, GIVE NAME OF INSTITUTION: _____

(Continued on back)

SPONSOR/RELATIVE INFORMATION:

APPLICANT'S SPONSOR: _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE#: _____ - _____ - _____ (HM)
_____ - _____ - _____ (WK)
EMAIL ADDRESS: _____ - _____ - _____ (C)

PLEASE LIST ADDITIONAL FAMILY MEMBERS OR FRIENDS TO CONTACT IN EMERGENCIES:

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE#: _____ - _____ - _____ (HM)
_____ - _____ - _____ (WK)
EMAIL ADDRESS: _____ - _____ - _____ (C)

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE#: _____ - _____ - _____ (HM)
_____ - _____ - _____ (WK)
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EMAIL ADDRESS: _____ - _____ - _____ (C)

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE#: _____ - _____ - _____ (HM)
_____ - _____ - _____ (WK)
EMAIL ADDRESS: _____ - _____ - _____ (C)

FOR WHAT REASONS DO YOU FEEL THE APPLICANT REQUIRES NURSING HOME CARE? _____

WHAT LED YOU TO SELECT SUNSET MANOR AS A POSSIBLE RESIDENCE? _____

NAME OF PERSON COMPLETING THIS APPLICATION: _____
ADDRESS: _____ PHONE#: _____ - _____ - _____ (HM)
_____ - _____ - _____ (WK)
_____ - _____ - _____ (C)

RELATIONSHIP TO APPLICANT: _____

THANK YOU FOR CONSIDERING SUNSET MANOR AS A POSSIBLE HOME FOR YOUR LOVED ONE.

IF MAILING APPLICATION, MAIL TO:

**SUNSET MANOR
251 SUNSET PLACE
GUIN, ALABAMA 35563
PHONE: (205) 468-3331
FAX: (205) 468-3013**

WEBSITE: guinsunset.com