Luther Park Community
Embracing the aging experience with Christian compassion.

The Lindens
at The Gardens
Assisted Living Memory Care
www.lutherparkcommunity.org

APPLICATION FOR RESIDENCY

The information contained in this application will be held in strict confidence. This application does not constitute any guarantee of admission. However, upon admission, the application becomes a part of the Admission Agreement. Please complete the application in its entirety including the financial statement on the following pages. Information should be only for the person being admitted.

In the event two (2) people are applying for residency, an application must be completed for each person.

❑ Mr. ❑ Mrs. ❑ Miss _____
Applicant

_____
Current Address

_____
City State Zip Code Phone with area code

_____
Date of Birth Birth Place/State Age

MARITAL STATUS (Check One) ❑ Single ❑ Married ❑ Widowed ❑ Divorced

_____
Social Security Number Medicare Number Medicaid Number

_____
List Co-Insurances Name, Address, City, State Zip Code Policy Number

_____
Name of Church Name of Pastor

_____
Address *City, State* *Zip Code* *Phone with area code*

HAVE YOU OR YOUR SPOUSE EVER SERVED IN THE ARMED SERVICES? You: ❑ Yes ❑ No
Spouse: ❑ Yes ❑ No

HOW DID YOU HEAR ABOUT US? ❑ Friend ❑ Internet ❑ Phone Book ❑ Advertisement
❑Other_____

PHYSICIANS

_____
Name Street Address/PO Box City, State Zip Phone with area code

_____
Name Street Address/PO Box City, State Zip Phone with area code

DENTIST

_____
Name Street Address/PO Box City, State Zip Phone with area code

HOSPITAL

_____
Name Street Address/PO Box City, State Zip Phone with area code

FUNERAL HOME PREFERENCE

Name | Street Address/PO Box | City, State Zip | Phone with area code

RESIDENT IS MOVING FROM: _____

DOES APPLICANT HAVE THE FOLLOWING? IF MARKED "YES", PLEASE PROVIDE COPIES OF THE DOCUMENTS.

Document Title	Yes	No	Name of POA's, Conservator, Guardian	Currently acting on Resident's behalf
Living Will				
Power of Attorney for Health Decisions				
Power of Attorney for Financial Decisions				
Conservator				
Guardian				

IN CASE OF AN EMERGENCY, PLEASE NOTIFY THE FOLLOWING (PLEASE LIST IN ORDER OF PREFERENCE):

Name, Mailing Address, PO BOX City, State, Zip	Relationship	Phone numbers with Area Code Work, Home, Cell

PERSON RESPONSIBLE FOR ACCOUNT (PLEASE PROVIDE DOCUMENTATION OF FINANCIAL P.O.A.)

Name, Mailing Address, PO BOX City, State, Zip	Relationship	Phone numbers with Area Code Work, Home, Cell

FINANCIAL STATEMENT *(FOR ADMITTING APPLICANT ONLY)*

MONTHLY INCOME:

1. Social Security	$
2. Pension	$
3. Interest and Dividends	$
4. Other Income (Describe)	$
_____	$
_____	$
MONTHLY TOTAL (Add lines 1 through 4:)	$

ASSETS AND LIABILITIES:

A. Assets owned SOLEY by admitting applicant:

1. Real Estate	$
2. All other assets (i.e., stocks, bonds, mutual funds, savings accounts, Certificate of Deposits, etc.)	$
3. Less: Off-Setting Liabilities	$
Net Assets owned SOLELY by admitting applicant (Add lines 1 & 2, subtract line 3)	$

B. Assets owned JOINTLY by admitting applicant and other person(s):

1. Real Estate	$
2. All other assets (i.e., stocks, bonds, mutual funds, savings accounts, Certificate of Deposits, etc.)	$
3. Less: Off-Setting Liabilities	$
Net Assets owned JOINTLY by admitting applicant and other person(S) (Add lines 1 & 2, subtract line 3)	$

C. Other assets in which the admitting applicant has an interest (Describe property and interest held):

_____

_____

D. Nursing Home Insurance (*for admitting applicant only*):_____

_____

Covered Services: ❑ Home Health Care ❑ Assisted Living ❑ Nursing Home

I certify that the information I have provided in the foregoing application is true and correct and that I am signing as the responsible party. I have either been authorized by the applicant to provide the information contained in this application or am acting as the applicant's guardian and/or conservator. I understand that The Lindens at The Gardens (a Luther Park Community facility) is relying on the accuracy of the information provided in this application in order to make a decision on admission. I understand and agree that any misrepresentation as to any information provided in this application is grounds for rejection of this application. I further understand and agree that if any misrepresentation as to any information provided in this application is discovered after admission, and admission would not have been granted if the correct information had been provided, or if it is discovered after admission that assets have been transferred which materially alter the applicant's personal net worth, The Lindens at The Gardens (a Luther Park Community facility) reserves the right to pursue any legal, equitable, or other remedies it may have against the applicant and/or responsible party signing the application below on behalf of the applicant.

I further understand that The Lindens at The Gardens (a Luther Park Community facility) is committed to promoting good health and safety among its residents and, therefore, **SMOKING BY RESIDENTS IS PROHIBITED ON FACILITY PROPERTY.**

By: _____
SIGNATURE OF APPLICANT AND/OR RESPONSIBLE PARTY

Date: _____

The Lindens at The Gardens Resident Information Data Sheet

PATIENT NAME	ADDRESS: 2910 E. 16th Street Des Moines, IA 50316 Apt #:	PHONE:	DOB:	AGE:	RACE:	SEX:	CODE STATUS:

MARITAL STATUS:	SS#	RELIGION:	DATE OF ADMISSION

ALLERGIES:	DIAGNOSIS

PHYSICIAN: PHONE: FAX:	DENTIST: PHONE: FAX:
PHARMACY: PHONE: FAX:	LEVEL OF CARE:

HOSPITAL PREFERNCE	NURSING HOME PREFERENCE	FUNERAL HOME:

DURABLE POWER OF ATORNEY:	FINANCIAL POWER OF ATTORNEY:	GDS:

EMERGENCY CONTACT

NAME:	NAME:
ADDRESS:	ADDRESS:
HOME PHONE:	HOME PHONE:
WORK PHONE:	WORK PHONE:
CELL PHONE:	CELL PHONE:
RELATIONSHIP:	RELATIONSHIP:

MEDICARE:	MEDICAL INSURANCE: