

Application for Residency



CHOOSING A CAMPUS

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

Please select the location(s) you prefer:

- Adrian Arcadia Valley Ashland Chillicothe Independence Ozark
 Tri County Smithville (fall 2023)

LIVING SITUATION FOR RESIDENCY

Active (Independent) Living:

Available living arrangements vary by campus. Resident must be able to fully care for themselves. Light housekeeping and all yard work and apartment repairs provided. Preferred Unit Style: _____

Assisted Living:

Licensed care for those needing minimal assistance. Meals and housekeeping provided. (Not yet available in Adrian, Ashland, Tri County)

Nursing Care:

Nursing staffed 24 hours/7 days and access to medical services available through area physicians. (Not available in Ashland or Chillicothe)

POTENTIAL RESIDENT INFORMATION

First Name _____ Last _____ Middle _____

Address _____ City _____ St. _____ Zip _____

HomePhone _____ Cell Phone _____ E-mail _____

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 _____

LEGAL INFORMATION

Do you have health insurance? Medicare Medicaid (MO Healthnet) Supplement

Long-Term Care Insurance? Yes No Pre-paid funeral arrangement? Yes No

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

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

Please give reason for disposal _____

Do you expect to need benevolent assistance in the next 5 years? No Yes*

*If yes, a financial application will need to be completed.

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. The Baptist Home reserves the right to refuse admission to any person whose needs cannot be met by the facility.

Signature of Applicant _____ Date ___/___/___

BAPTIST HOMES & HEALTHCARE MINISTRIES

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