

Application for Residency

Please print, sign, and mail, or scan and email to info@bhhm.org.



CHOOSING A CAMPUS

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

Please select the location(s) you prefer and indicate first and second choice:

Adrian	Arcadia Valley (Ironton)	Ashland	Independence	First Choice _____
Ozark	Tri-County (Vandalia)	Smithville (Spring 2025)		Second Choice _____

LIVING SITUATION FOR RESIDENCY

Independent Living:

Available living arrangements vary by campus. Resident(s) must be able to fully care for themselves. Light housekeeping, all yard work, and apartment repairs provided. *(Arcadia Valley, Ozark, and Ashland only)*

Preferred Unit Style _____

Residential Care:

Independent Living with protective oversight by a trained individual. Resident may need little assistance with daily activities and is required to be able to make a path to safety unassisted. *(Independence and Tri-County only)*

Assisted Living:

Licensed care for those needing minimal assistance. Meals and housekeeping provided. *(Arcadia Valley and Ozark only. Adrian and Ashland coming soon!)*

Skilled Nursing:

Nursing staffed 24 hours/7 days and access to medical services available through area physicians.

POTENTIAL RESIDENT INFORMATION (One Application Per Person)

First Name _____ Last _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail _____

Veteran _____ Veteran's Spouse/Widow _____ Military Branch _____

Marital Status: Never Married Married Widowed Divorced Separated

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

Church Membership _____ City _____ State _____ 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 Paid in full? Yes No Amt owed _____

Updated 8/2024

BAPTIST HOMES & HEALTHCARE MINISTRIES

PO Box 390 | Jefferson City, MO 65102 | (866) 454-2709 | info@bhhm.org | www.bhhm.org

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 \$ _____

VA Benefits \$ _____ 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
Checking Account(s)	_____	\$ _____	Stocks/Bonds/Mutual Funds	_____	\$ _____
Savings Account(s)	_____	\$ _____	Life Insurance	_____	\$ _____
Money Market Account(s)	_____	\$ _____	Real Estate	_____	\$ _____
U.S. Savings Bonds	_____	\$ _____	Vehicle(s)	_____	\$ _____
Certificate(s) of Deposit	_____	\$ _____	Household Items	_____	\$ _____
IRA(s)	_____	\$ _____	Antique Collections	_____	\$ _____
Annuities	_____	\$ _____	Indebtedness Due You	_____	\$ _____

Please add my name to the mailing list for news and information about Baptist Homes:

E-mail

Postal Mail

I HEREBY AFFIRM that I am submitting this Application for Residency to Baptist Homes of my own free will and the information herein is true and correct to the best of my knowledge. I understand that my name will be added to the application database 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 Baptist Homes. Baptist Homes reserves the right to refuse admission to any person whose needs cannot be met by the facility.

Signature of Applicant or POA _____ Date ____/____/____

For Office Use Only:

Birthdate ____/____/____

Social Security # _____

Medicare # _____

Medicaid # _____

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