

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 Ozark

Shelbina Smithville (Spring 2025) Tri-County (Vandalia)

First Choice _____ Second Choice _____

LIVING ARRANGEMENTS

Independent Living *(Arcadia Valley, Ashland, and Ozark only):*

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

Residential Care *(Tri-County only):*

Independent Living with protective oversight by a trained individual and meal plan provided. Resident may need little assistance with daily activities and is required to be able to make a path to safety unassisted.

Assisted Living *(Arcadia Valley and Ozark only. Adrian and Ashland coming soon!):*

Licensed care for those needing minimal assistance. Meals and housekeeping provided.

Memory Care *(Shelbina and Tri-County only):*

Offers a secure setting for those with cognitive decline which includes a spacious and comfortable outdoor environment, special activities for the residents, and staff specifically trained in the care of residents with a variety of dementia diagnoses.

Skilled Nursing *(Adrian, Arcadia Valley, Shelbina, and Tri-County only. Ashland and Smithville coming soon!):*

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 _____

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 _____

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



ACKNOWLEDGEMENT

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 # _____

THIS IS *Home*