

# Application for Residency

Please print, sign, and mail, or scan and email to [info@bhhm.org](mailto: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    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 (Vandalia 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, Ashland and Ozark only. Adrian coming soon!):

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

### Memory Care (Shelbina and Vandalia 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:

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*