

NewAldaya Lifescapes CCDI Memory Care

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PERSONAL INFORMATION:

Applicant Name _____
(Last) (First) (Middle)

Address: _____
Street City State Zip

Email: _____ Phone Number: _____

Marital Status (Circle one): Single Married Widowed Divorced

Spouse Name _____
(Last) (First) (Middle)

Spouse Address : _____
*if different Street City State Zip

Spouse Email: _____ Spouse Phone Number: _____

Have you been living on your own or with assistance? _____

Social Security # _____

Medicare # _____ Medicaid # (if applicable) _____

Spouse Social Security # _____

Spouse Medicare # _____ Spouse Medicaid # (if applicable) _____

Birth Date _____ Birth Place _____

Spouse Birth Date _____ Spouse Birth Place _____

Previous Occupation _____ Spouse Previous Occupation _____

Who should be notified when there is an opening? _____

Phone Number: Home _____ Work _____ Cell _____

Who should receive monthly bills? _____

Address _____

Financial Power of Attorney (Name) _____

Durable Power of Attorney for Health Care (Name) _____

Do you have a Living Will? Yes No

Are you a registered sex offender? Yes No

EMERGENCY CONTACTS (Hospitalization or illness):

NAME RELATIONSHIP ADDRESS HOME/CELL PHONE E-MAIL

NAME	RELATIONSHIP	ADDRESS	HOME/CELL PHONE	E-MAIL

PHYSICIANS:

PRIMARY PHYSICIAN

DENTIST

NAME

ADDRESS

PHONE

NAME

ADDRESS

PHONE

EYE DOCTOR

OTHER MEDICAL SPECIALIST

NAME

ADDRESS

PHONE

NAME

ADDRESS

PHONE

Hospital Preference _____

Have you ever been hospitalized or treated for the following?

Alcoholism: Yes No Drug Abuse: Yes No
 Mental Illness: Yes No Alzheimer's Disease: Yes No
 Do you understand NewAldaya is a smoke free campus? Yes No

INSURANCE:

Do you have Long Term Care Insurance? Yes No
(If yes, please list company name, address and policy #)

Do you have health insurance? Yes No
(If yes, please list company name, address and policy #)

Other Insurance _____ Phone # _____

END OF LIFE PLANS

Funeral Home: _____ Phone: _____

FINANCES:

On what financial plan do you expect to enter NewAldaya Lifescapes?

Private Pay Title XIX Applied for Title XIX

Monthly Income Amounts (Must be listed)

Social Security \$ _____ Pension \$ _____ Other Monthly Income \$ _____

Resources (Amounts must be listed)

Real Estate \$ _____ Location: _____ Leins against the property: _____

Checking \$ _____ Savings\$ _____

Bonds \$ _____ Stocks \$ _____

Certificates of Deposit \$: _____ Other Property \$ _____

Are the funds in your name only? (circle one) Yes No

(if not please list name and relationship as co-owner or co-signer etc.) _____

Cash Value of Life Insurance Policy \$: _____

CCDI ADMISSION INFORMATION

Must meet the following criteria to be admitted to CCDI Memory Care House

____ Age 55 or over

____ Diagnosis of Alzheimer's or other form of Dementia _____

____ NO active stage of acute alcoholism, drug dependency or known sexual abuse

____ Signed statement from physician that agrees to placement in CCDI Memory Care House

____ Will benefit from programming offered

____ Will be able to transfer / ambulate with assistance of no more than 1 staff, will consider transfer of A x 2 based on assessment of other functional abilities.

Transfers: _____

____ Must not require total assistance with eating

Assistance with eating: _____

____ Must not require total assistance in ADLs, bathing, dressing, grooming, toileting

Assistance with ADLs: _____

____ Must not be in an acute phase of mental illness / mental health treatment

____ Must not present a danger to self or others

PHYSICIAN'S SIGNATURE INDICATES AGREEMENT TO PLACEMENT IN CCDI MEMORY CARE HOUSE

PHYSICIAN SIGNATURE: _____ DATE: _____

NewAldaya Lifescapes is open to people of all faiths, national origins, and racial backgrounds. I hereby certify that I have carefully studied this application and understand it in detail, and that I have answered correctly to the best of my knowledge and belief all the questions herein contained. Incomplete, fraudulent or untrue statements shall constitute sufficient reason to reject an applicant, dismiss a member already received, and relieve NewAldaya Lifescapes of any obligation under this written contract with party concerned, even if the untrue or incomplete statements were furnished unintentionally.

IN WITNESS WHEREOF, I have hereto affixed my signature this _____ day of _____ 20__

Signature of Applicant or Responsible Party