



# Augsburg Lutheran Home & Village

6811 Campfield Road, Baltimore, Maryland 21207

410-486-4573 • www.Augsburg.org

## Application for Residency

Independent Living     Assisted Living     Health Center/Rehabilitation

*A separate application is required of each person applying for residency and will be kept strictly confidential.*

Date \_\_\_\_\_

### I. General Information

Applicant's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Name of Father \_\_\_\_\_ Name of Mother \_\_\_\_\_

Prospective Resident Is:  Home     Hospital     Another Facility     Relative's Home

Identify Facility or Hospital (if applicable) \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Pastor \_\_\_\_\_

Church \_\_\_\_\_ Address \_\_\_\_\_

Educational Background \_\_\_\_\_

Pre-Retirement Occupation \_\_\_\_\_

Special Hobbies and Interests \_\_\_\_\_

### REPRESENTATIVES AND CONTACTS

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_ Email \_\_\_\_\_

## II. Financial Information

### MONTHLY INCOME

Social Security.....\$ \_\_\_\_\_  
VA Pension .....\$ \_\_\_\_\_  
Civil Service Pension.....\$ \_\_\_\_\_  
Military Retirement.....\$ \_\_\_\_\_  
Railroad Retirement.....\$ \_\_\_\_\_  
Rental Income.....\$ \_\_\_\_\_  
Dividends/Interest.....\$ \_\_\_\_\_  
Other (specify).....\$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

### MONTHLY FIXED EXPENSES (auto, health insurance, etc.)

Item	Lender	Balance	Annual Cost
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

### ASSETS

#### A. Cash Savings/Checking

Institution's Name \_\_\_\_\_  
Location \_\_\_\_\_ Balance \$ \_\_\_\_\_  
Institution's Name \_\_\_\_\_  
Location \_\_\_\_\_ Balance \$ \_\_\_\_\_

#### B. Real Estate Assets

Currently own home?  Yes  No Value \$ \_\_\_\_\_  
Is property JOINTLY owned or INDIVIDUALLY owned? (please circle one)  
Name of Co-owner(s) \_\_\_\_\_  
Additional Property (including village entrance deposit)?  Yes  No Value \$ \_\_\_\_\_  
Mortgage Owed? (specify amount) \_\_\_\_\_

#### C. Life Insurance Cash Value

Name of Company \_\_\_\_\_ Value \$ \_\_\_\_\_  
Beneficiary \_\_\_\_\_ Value \$ \_\_\_\_\_  
Name of Company \_\_\_\_\_ Value \$ \_\_\_\_\_  
Beneficiary \_\_\_\_\_ Value \$ \_\_\_\_\_

#### D. Other Assets/Investments (stocks, bonds, IRA's, CDs, etc.)

\_\_\_\_\_ Value \$ \_\_\_\_\_  
\_\_\_\_\_ Value \$ \_\_\_\_\_

### III. Personal Health Information

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Address \_\_\_\_\_  
Medicare Number \_\_\_\_\_ Prescription Plan?  Yes  No

Physician's Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Does an insurance policy exist to cover nursing home care? If so, please indicate company and policy number: \_\_\_\_\_

Describe the condition of your health \_\_\_\_\_  
\_\_\_\_\_

Describe any chronic diseases (heart, diabetes, kidney, etc.) \_\_\_\_\_  
\_\_\_\_\_

Have you had any surgical operations, serious illnesses? \_\_\_\_\_

Is there any physical condition that restricts your activities? \_\_\_\_\_

Do you use any special aides such as a cane, walker, wheelchair or electric mobility cart? \_\_\_\_\_

List any special diet requirements \_\_\_\_\_  
\_\_\_\_\_

Do you conduct your own business affairs \_\_\_\_\_

Are you able to prepare your own meals? \_\_\_\_\_

Are you able to do your own shopping? \_\_\_\_\_

### IV. Advanced Directives

Do you have a Personal Representative?

Name \_\_\_\_\_

Phone \_\_\_\_\_ Phone (cell) \_\_\_\_\_ Email \_\_\_\_\_

Do you have a Power of Attorney?

Name \_\_\_\_\_

Phone \_\_\_\_\_ Phone (cell) \_\_\_\_\_ Email \_\_\_\_\_

Do you have a Durable Power of Attorney for Health Care?  Yes  No

Name \_\_\_\_\_

Do you have a Living Will?  Yes  No

Have funeral arrangements been made?  Yes  No

Funeral home name and address \_\_\_\_\_

Cemetery \_\_\_\_\_

## V. Signatures

Augsburg does not discriminate in its admission policies with regard to race, religion, sex, color or national origin. Applicants must be at least 62 years of age, and meet all existing criteria for residency.

INDEPENDENT AND ASSISTED LIVING APPLICANTS ONLY—PLEASE ENCLOSE:

1. A non-refundable processing fee of \$200; and
2. A refundable deposit of \$1,000. This deposit is a payment of a portion of the entrance deposit.

HEALTH CENTER/REHABILITATION RESIDENTS ONLY:

Has the applicant applied for, or will be applying for medical assistance (Medicaid)?

Yes  No Medical Assistance Number \_\_\_\_\_

Date of Application \_\_\_\_\_ Location \_\_\_\_\_

Department of Social Service Representative \_\_\_\_\_

Phone Numbers \_\_\_\_\_

I hereby make application for admission to Augsburg Lutheran INDEPENDENT LIVING, ASSISTED LIVING, HEALTH CENTER/REHABILITATION (please circle one). Acceptance as a resident is at the sole discretion of Augsburg. A complete physical examination by an Augsburg physician (or applicant's physician, if approved) is required within 30 days prior to residency. To fully evaluate an applicant's ability to occupy an Independent or Assisted Living unit, the examining physician may refer the applicant for a physical therapy and/or an occupational therapy evaluation. The cost of the examination is the responsibility of the applicant.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Personal Representative Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Augsburg Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

## VI. Contact Information

If you have questions, or to mail or fax your application:

INDEPENDENT LIVING

Augsburg Lutheran Village, 6825 Campfield Road, Baltimore MD 21207, Attn: Marketing  
Phone: 443-471-1020, Fax: 443-471-0175

ASSISTED LIVING

Augsburg Lutheran Assisted Living, 6811 Campfield Road, Baltimore MD 21207, Attn: Marketing  
Phone: 410-413-1365, Fax: 410-653-8744

HEALTH CENTER/REHABILITATION

Augsburg Lutheran Home, 6811 Campfield Road, Baltimore MD 21207, Attn: Admissions  
Phone: 443-471-1014, Fax: 410-413-1369