EATON GARDENS
530 WEST BEECH STREET
CHARLOTTE, MI 48813
p. 517.543.2940 | f. 517.541.0670
ADMISSIONS@ECHRSHEALTH.ORG

APPLICATION FOR LONG TERM CARE DATE OF APPLICATION:_____

GENERAL INFORMATION

RESIDENT NAME:_____DATE OF BIRTH:_____
SOCIAL SEC.#:_____PRIMARY PHYSICIAN:_____

PRIMARY CONTACT (POA):_____
ADDRESS/PHONE OF POA:_____

IS P.O.A. ACTIVE? (2 DOCUMENTED SIGNATURES TO ACTIVATE) YES_____ (attach copy) NO____
SECONDARY CONTACT NAME AND NUMBER:_____
MARRIED? YES____ NO____ ***If there are no private funds for payment, DPOA must meet with our billing department to discuss application for Medicaid if not in place, prior to an official bed offer.***

PAYMENT INFORMATION (MEDICARE AND PRIVATE INSURANCE **DO NOT** COVER LTC)

___PRIVATE PAY (PERSONAL FUNDS) IF YES, approximately how much? $_____
___MEDICAID (COPY OF CARD NEEDS TO BE ATTACHED)
___NEED TO APPLY FOR MEDICAID (NO PERSONAL FUNDS, NO ACTIVE MEDICAID)

THE FOLLOWING FINANCIAL INFORMATION ASSISTS THE FACILITY IN DETERMINING IF AND WHEN WE MAY NEED TO ASSIST YOU IN APPLYING FOR MEDICAID.

IS THERE A TRUST AND IF SO WHAT IS IN IT (I.E. HOUSE, BANK ACCOUNTS, ETC.)?_____
1. DO YOU OWN A HOME?_____
2.DO YOU HAVE ANY OTHER PROPERTIES (RENTAL, VACATION HOMES, FARM LAND INCLUDING EQUIPMENT LIVESTOCK OR CROPS, ETC)? _____
3. DO YOU OWN ANY VEHICLES, IF SO WHAT AND HOW MANY? _____
4. DO YOU HAVE ANY OF THE FOLLOWING BESIDES BASIC CHECKING AND SAVINGS ACCOUNTS – SAVINGS BONDS, STOCKS, MONEY MARKETS FUNDS, IRA, 401K, ANNUITY, INVESTMENTS, ETC., IF SO WHAT? _____
5. DO YOU HAVE ANY LIFE INSURANCE POLICIES? _____
6. DO YOU HAVE ANY LONG TERM CARE INSURANCE? _____
7. DO YOU HAVE PREPAID FUNERAL EXPENSES? _____
8. IN THE PAST 5 YEARS, HAS ANY PROPERTY OR ASSETS BEEN SOLD, GIVEN AWAY OR TRANSFERRED OWNERSHIP, IF SO WHAT? _____
9. ARE THERE ANY PENDING OR HAS THERE BEEN IN THE PAST 5 YEARS, ANY LAWSUITS, SETTLEMENTS, OR LOTTERY WINNINGS, IF SO WHAT? _____

PATIENT SPECIFIC INFORMATION

IS THE RESIDENT AT RISK FOR ELOPEMENT (ESCAPING THE BUILDING), WANDERING, OR DO THEY HAVE EXTENSIVE BEHAVIORS (HITTING, YELLING OUT, SEXUAL BEHAVIORS, FREQUENTLY SELF TRANSFERING-SAFETY RISK, ETC) YES_____ NO____
PLEASE DESCRIBE ANY BEHAVIORS OR COGNITIVE DEFICITS:_____
_____
_____

PLEASE NOTE THAT A DIAGNOSIS OF ALZHEIMERS AND/OR DEMENTIA, DOES NOT NECESSARILY INDICATE A NEED FOR PLACEMENT IN OUR MEMORY CARE UNIT. EACH RESIDENT WILL BE ASSESSED FOR APPROPRIATE PLACEMENT. THIS UNIT DOES HAVE A LONGER WAIT DUE TO THE SPECIAL NEEDS OF THIS UNIT.

CURRENT LIVING SITUATION

____LIVES AT HOME INDEPENDENTLY (NO ASSISTANCE AT ALL
____LIVES AT HOME WITH ASSISTANCE (MEALS ON WHEELS, FAMILY COMES TO ASSIST)
____LIVES WITH FAMILY ~WHAT LEVEL OF ASSIST DO YOU PROVIDE?
___NO ASSIST ___PHYSICAL ASSIST(someone has to be with them for safety while ambulating)
___MED MANAGEMENT(set up meds for them)
____ADULT FOSTER CARE/ASSISTED LIVING NAME:_____
____OTHER NURSING HOME NAME:_____

PHYSICAL ASSIST NEEDS (AMBULATION/SELF CARE)

____NONE-RESIDENT CAN WALK AND PROVIDE CARE FOR SELF (CAN USE CANE/WALKER)
____LIMITED ASSIST-NEEDS HELP FROM AT LEAST 1 PERSON FOR WALKING/BATHING/DRESSING/ETC
____EXTENSIVE ASSIST-NEEDS HELP FROM 2 PEOPLE FOR WALKING/BATHING/DRESSING/ETC
____TOTALLY DEPENDENT- USES A MECHANICAL LIFT FOR CARE/TRANSFERS

SPECIFIC DETAILS YOU CAN PROVIDE:_____
_____

OTHER MEDICAL NEEDS

___OXYGEN ___TRACH ___OSTOMY ___TUBE FEEDING ___DIALYSIS _____BARIATRIC

OTHER (PLEASE DESCRIBE):_____

PLEASE FEEL FREE TO SHARE ANYTHING ELSE YOU FEEL WE SHOULD KNOW ABOUT YOUR LOVED ONE, TO HELP US BETTER TRANSITION THEM TO THE APPROPRIATE UNIT, AND TO A NEW ENVIRONMENT:_____
_____
_____
_____
_____

PLEASE ALSO TELL US IF YOU ARE LOOKING FOR IMMEDIATE PLACEMENT, OR JUST COMPLETING AN APPLICATION FOR FUTURE NEEDS: ____IMMEDIATE ____FUTURE

IF THIS APPLICATION IS MARKED FOR FUTURE NEEDS, AND YOU DO NOT SEEM TO MEET THE CRITERIA FOR ADMISSION BASED ON THE APPLICATION, WE MAY NOT CALL YOU FOR IMMEDIATE OPENINGS. IF SOMETHING CHANGES PLEASE CALL US AND UPDATE US ON YOUR LOVED ONES STATUS.

THANK YOU FOR CHOOSING EATON GARDENS FOR YOUR LOVED ONES HOME.