

WOODRIDGE APPLICATION FOR ADMISSION

FULL NAME \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ RELIGION \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

NEAREST RELATIVE/RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

LEGAL GUARDIAN \_\_\_\_\_ PHONE \_\_\_\_\_

FINANCIAL POWER OF ATTORNEY \_\_\_\_\_

DURABLE POWER OF ATTORNEY FOR HEALTH CARE \_\_\_\_\_

PRESENT LOCATION OF APPLICANT \_\_\_\_\_

LIVES WITH WHOM? \_\_\_\_\_

CURRENT PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICIAN TO FOLLOW AT WOODRIDGE \_\_\_\_\_

DATE OF LAST EXAM OR HOSPITALIZATION \_\_\_\_\_

FOLLOWED BY HOME HEALTH? \_\_\_\_\_

MEDICAL PROBLEMS (PLEASE BE SPECIFIC ABOUT PHYSICAL NEEDS) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEDICATIONS \_\_\_\_\_

\_\_\_\_\_

DOES APPLICANT SMOKE? (SMOKING INDOORS IS PROHIBITED) \_\_\_\_\_

REASON FOR NURSING HOME PLACEMENT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAS PHYSICIAN RECOMMENDED NURSING HOME PLACEMENT? \_\_\_\_\_

DATE READY FOR PLACEMENT \_\_\_\_\_ LONG OR SHORT TERM \_\_\_\_\_

IS APPLICANT AWARE THAT APPLICATION HAS BEEN MADE? \_\_\_\_\_

PAYMENT METHOD: PRIVATE \_\_\_\_\_ or MEDICAID # \_\_\_\_\_

DOES APPLICANT RECEIVE SSI? \_\_\_\_\_

NURSING HOME INSURANCE \_\_\_\_\_

OTHER HEALTH INSURANCE \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ MEDICARE # \_\_\_\_\_

NAME/ADDRESS/PHONE OF OTHER RELATIVES/FRIENDS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER INFORMATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PERSON COMPLETING APPLICATION

DATE

ADDRESS/PHONE \_\_\_\_\_

RETURN COMPLETED APPLICATION TO:  
ADMISSIONS COORDINATOR SHERI SPEIRS  
WOODRIDGE  
BOX 550  
BARRE, VT 05641  
FOR INFORMATION CALL 371-4712.