



FOR ADMISSIONS OFFICE USE ONLY		
Applicant:	_____	_____
	last	first middle
Placement Date	_____	Time _____
	_____	_____
Facility:	_____	
Accommodation	_____	

Admission Application

Thank you for contacting Noble Horizons regarding your desire to be admitted as a resident to this facility. You have been issued a receipt indicating the date and time of your initial request, and your name has been placed on our **INQUIRY LIST**.

Receipt # _____

Please answer all the questions. If an item is not applicable, please write "Not Applicable" or "N/A" in the space provided for an answer. If you need more room to answer any of these questions, you may insert a personal note to this form. After you substantially complete and return this form to Noble Horizons, your name will be placed on our waiting list for admission to the facility.

How did you first hear about Noble Horizons? Please check all that apply.

- Family/Friend Radio Newspaper/Magazine Noble Event Internet

<p>The information presented in this application is correct to the best of my knowledge. I have no objection to inquiries for the purpose of verification. I understand that misinformation or failure to report changes in information shall constitute grounds for the rejection of my application.</p> <p>Signature of Applicant _____</p> <p>Signature _____</p> <p>Relationship to Applicant _____</p>

Please return to: Noble Horizons
17 Cobble Road
Salisbury, CT 06068

Tel: (860) 435-9851 ext. 141
Fax: (860) 435-2323
www.noblehorizons.org

Personal Information

1. Name Last _____ First _____ Middle _____
Mailing Address _____ City _____ State _____ Zip _____
Telephone: Home () _____ Bus.() _____ email: _____
2. Birthdate _____ Birthplace _____
Social Security # _____
3. Are you married single widowed divorced
Spouse's Name Last _____ First _____ Middle _____
Spouse's Address _____ Zip _____

Family Information

4. Your Father's Name _____ Your Mother's Maiden Name _____
5. Your Children: (list 5A-5G)
- 5A Name Last _____ First _____ Middle _____
Home Mailing Address _____ City _____ State _____ Zip _____
Telephone: Home () _____ Bus.() _____ email: _____
- 5B Name Last _____ First _____ Middle _____
Home Mailing Address _____ City _____ State _____ Zip _____
Telephone: Home () _____ Bus.() _____ email: _____
- 5C Name Last _____ First _____ Middle _____
Home Mailing Address _____ City _____ State _____ Zip _____
Telephone: Home () _____ Bus.() _____ email: _____
- *Please use back of application form to list additional children. (list 5D-5G)

In Case of Emergency Notify:

6. Name _____ Relationship _____
Mailing Address _____ City _____ State _____ Zip _____
Telephone: Home () _____ Bus.() _____ email: _____
7. Should a clergyman be notified in case of emergency? Yes No
Contact _____ Telephone _____

8. Nearest close relatives or trusted friends (other than those listed above):

- 8A Name Last _____ First _____ Middle _____
Home Mailing Address _____ City _____ State _____ Zip _____
Telephone: Home () _____ Bus.() _____ email: _____
- 8B Name Last _____ First _____ Middle _____
Home Mailing Address _____ City _____ State _____ Zip _____
Telephone: Home () _____ Bus.() _____ email: _____

Information About You

9. With whom are you living now and for how long? Please include their relationship to you. _____

10. What is your education? _____
11. What is (was) your lifetime occupation? _____
What is the name of your last employer? _____
12. Are you now fully retired? Yes No Semi-retired? Yes No
13. Are you a veteran? Yes No Spouse of a veteran? Yes No Veteran Claim # _____
14. What are your present interests, activities and volunteer involvements? _____

15. Are you a member of a church, synagogue, or other religious body? Yes No Active Inactive
Religion _____ Local Place of Worship _____
Address _____ Zip _____
16. Please designate a funeral home (required):
Funeral Home _____
Address _____ Zip _____
Telephone () _____
17. Who is your attorney?
Name Last _____ First _____ Middle _____
Address _____ Zip _____
Telephone () _____
18. Does anyone hold: Power of Attorney Conservator of the Person Conservator of the Estate
If yes, please fill out the following and provide copies with your application:
Name Last _____ First _____ Middle _____
Address _____ Zip _____
Telephone Home () _____ Business () _____
Name Last _____ First _____ Middle _____
Address _____ Zip _____
Telephone Home () _____ Business () _____
19. Do you have any of the following advance directives regarding health care? Health Care Agent
 Eye, Organ or Body Donations Durable Power of Attorney for Health Care Living Will
*[Please enclose a copy of any advance directives you do have with your application]
20. Would you like information on the subject of advance directives? Yes No

About the Confidential Financial Statement

Noble Horizons asks that you complete the following financial section of this application. Should you at any time have questions and concerns, please contact the Director of Admissions. This statement must be updated at the time of Admission. Noble Horizons participates in the Medicare and Medicaid programs.

21. Assets:	Checking	\$ _____	Monthly Income:	_____
	Real Estate	\$ _____	Social Security	\$ _____
	Savings	\$ _____	Pension & Retirement	\$ _____
	Investments	\$ _____	Investments	\$ _____
	Stocks & Bonds	\$ _____	Dividends	\$ _____
	Annuities	\$ _____	Other	\$ _____
	Total Assets	\$ _____	Total Monthly Income	\$ _____

22. Do you receive income or have any interest in a trust? Yes No If yes, please describe and provide a copy of the trust instrument. _____

23. Do you have any real estate holdings? Yes No If yes, please describe and give the approximate value of your home. _____

other: _____

24. Do you have Life Use of any real estate, any ownership in full or in part for your lifetime, or the right to occupy property for your lifetime? Yes No If yes, please describe. _____

25. If any assets are jointly held, please give name of joint owner and their relationship to you. _____

26. Have you sold or given away any significant assets in the past 60 months?
 Yes No If yes, please explain. _____

27. Are there any obligations against any of these assets? Yes No If yes, please explain. _____

28. Are any of these assets held in trust? Yes No If yes, please explain. _____

29. Trust Officer's Name _____

Mailing Address _____ City _____ State _____ Zip _____

Telephone: Home () _____ Bus.() _____ email: _____

30. Who will pay your bill? Myself Other If other, please provide the information below.

Name Last _____ First _____ Middle _____

Mailing Address _____ City _____ State _____ Zip _____

Telephone: Home () _____ Bus.() _____ email: _____

Confidential Health History

31. Please list dates and nature of major illnesses, hospital stays, operations or therapy treatments:

Date	Description
_____	_____
_____	_____
_____	_____

32. What medications do you presently use? Please list both prescription and non-prescription medications.

Prescription	Non Prescription
_____	_____
_____	_____
_____	_____
_____	_____

33. Have you ever been treated for mental illness, a nervous condition or a psychosocial disorder?

Yes No If yes, where and when?

34. Can you care for yourself completely and without assistance? Yes No If not, what assistance do you need? _____

35. Physician's Name Last _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Telephone () _____

36. Will this physician continue your care if you are admitted? Yes No If not, who will?

Name Last _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Telephone () _____

37. What is your:

Medicare Part A (Hospital) # _____ Effective date _____

Medicare Part B (Medical) # _____ Effective date _____

38. Have you applied for Medicaid? Yes No Is your application Approved Pending Denied

What is your Medicaid Claim Number? _____ Effective date _____

39. What other health insurance or long term care insurance do you have?

Company	Policy Number/Group Number
_____	_____
_____	_____
_____	_____
_____	_____

*[Please provide copies of all medical insurance cards and Social Security cards with your application.]

Family Information Continued

Your Children:

5D Name Last _____ First _____ Middle _____

Home Mailing Address _____ City _____ State _____ Zip _____

Telephone: Home () _____ Bus.() _____ email: _____

5E Name Last _____ First _____ Middle _____

Home Mailing Address _____ City _____ State _____ Zip _____

Telephone: Home () _____ Bus.() _____ email: _____

5F Name Last _____ First _____ Middle _____

Home Mailing Address _____ City _____ State _____ Zip _____

Telephone: Home () _____ Bus.() _____ email: _____

5G Name Last _____ First _____ Middle _____

Home Mailing Address _____ City _____ State _____ Zip _____

Telephone: Home () _____ Bus.() _____ email: _____

Privacy Information

The information on this application remains confidential. You, your family and friends will receive mailings which include Noble Horizons publications and annual appeals, unless you direct us otherwise.

Noble Horizons is a smoke-free facility.

FOR OFFICE USE ONLY

ADMINISTRATOR

DATE

MEDICAL DIRECTOR

DATE