



Date of Application: _____ Completed By: _____

How did you hear about us? Who referred you? _____

When do you plan to admit resident? _____

Contact Info:

Contact Name: _____ Tel: _____ Relationship: _____

Resident Info:

Resident's Name: _____ DOB: _____ Gender: ☐ Male ☐ Female

Home Address: _____

Home Telephone: _____ Cell: _____

Responsible Party Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Tel: _____ Cell: _____ Work: _____

Current Living Situation:

Is the applicant currently at home: ☐ YES ☐ NO

If yes, do they live alone ☐ YES ☐ NO

Who is currently providing care? ☐ Self ☐ Spouse ☐ Caregiver ☐ Other

If other, please explain: _____

Is the applicant currently at the hospital: ☐ YES ☐ NO

If yes, which hospital: _____

Reason for admission: _____

Is the applicant currently residing at another facility: ☐ YES ☐ NO

If yes, name of facility: _____

Reason for leaving facility: _____

Medical Information:

Primary Insurance: _____ Member ID# _____

Secondary Insurance: _____ Member ID# _____

Please list/describe any medical conditions that the applicant is currently being treated for

Payor Information:

☐ Private Pay ☐ Long Term Care Insurance ☐ MCD/Mass Health

If Medicaid /Mass Health, has an application been completed and approved? ☐ Yes ☐ No

If Medicaid/Mass Health, is there an application pending? ☐ Yes ☐ No

If Medicaid/Mass Health, do you need assistance completing an application? ☐ Yes ☐ No

Advanced Directives

Health Care Proxy ☐ YES ☐ NO

If yes, is HCP invoked? ☐ YES ☐ NO

MOLST Form ☐ YES ☐ NO

Medical Orders for Life-Sustaining Treatment (MOLST) is a medical order form (similar to a prescription) that relays instructions between health professionals about a patient's care

Durable Power of Attorney ☐ YES ☐ NO

Guardian ☐ YES ☐ NO

- Should you have any -questions or need assistance in completing this application, please call our Admissions Office at 508-754-8877.

Please return the completed form to mstevens@lutheranrehab.com or you may mail it to:

Lutheran Rehab & Skilled Care Center
Attn: Admissions
26 Harvard Street
Worcester, MA 01609