



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.som or you may mail it to:

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