

NESHAMINY MANOR

1660 Easton Road – Warrington, PA 18976

(215) 345-3205

APPLICATION FOR SHORT TERM ADMISSION

Applicant's Name: _____
(Last) (First) (Middle) (Maiden)

Social Security Number: _____

Reason For Application: _____

Applicant's Address: _____
Street Town County Zip Code

Present Location

Private Home Assisted Living Nursing Home Acute Hospital Psychiatric Hospital Rehabilitation Hospital

Lives Alone YES NO Have you received service from AAA Waiver Program YES NO

Residential history last 5 years (check all settings lived in during last 5 years)

Private Home Assisted Living Nursing Home Acute Hospital Psychiatric Hospital Rehabilitation Hospital

Any history of mental retardation, mental illness or developmental disability YES NO

Date of Birth: _____ Age: _____ Sex: _____ Marital Status: _____ U.S. Citizen YES NO

Primary Language: _____ Other Language: _____

Name of Spouse: _____ Spouse's SS#: _____

Insurance:

Medicare A Medicare B Medicare #: _____

Prescription Drug Plan Name & Policy # _____

Medicare Related HMO Name _____ ID# _____

Medicare Supplement Name _____ ID# _____

Medical Assistance MA# _____ MA HMO Name _____ ID# _____

Other Insurance: Name of Company _____ ID# _____

Has applicant transferred or given away any properties or money in the past 5 years: YES NO

If so, please explain: _____

EMERGENCY CONTACTS:

First: _____

Name	Address	Zip Code	Relationship

Tele# (H)	Tele# (W)	Tele# (Cell)	Email Address

SECOND: _____

Name	Address	Zip Code	Relationship

Tele# (H)	Tele# (W)	Tele# (Cell)	Email Address

I understand that this application is for **short term admission only** (approximately six to ten weeks) to Neshaminy Manor. **Approval of this application is not a guarantee of long term care placement.** If the facility determines that your/the resident's short term skilled stay is no longer adequate to meet your/the resident's needs, a long term care application must be completed and is not a guarantee of re-admission. A long term admission package can be requested at the front lobby desk.

After completion, return to the Admissions Department. 215-345-3220

I hereby certify that all the foregoing information furnished by me is TRUE and ACCURATE to the best of knowledge. I hereby acknowledge the fact that as of March 1, 1999 Neshaminy Manor is a Smoke Free facility and I hereby agree to accept and follow the facility's established Smoking Policy.

Signature of Applicant/Resident Representative **Date**
Copies of all Health Insurance Cards, Medicare, Social Security Card and Advance Directives must accompany this application to ensure timeliness of admission to our facility.