



Glen Haven Home, Inc.

LINNWOOD ESTATES | GLEN HAVEN VILLAGE

Application for Services

*Long Term Care, Rehabilitation, Memory Support, Assisted Living, Adult Day
send completed form to info@glenhavenvillage.com*

Individual's Name: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Primary Insurance: _____ Secondary Insurance: _____

Other Coverage: _____

I have the following advanced directives in place:

- Financial POA HealthCarePOA Guardian
 Living Will Other: _____

Contact Person: _____ Relationship: _____
(In the event applicant is unable to be reached)

Address: _____ Telephone: _____

Initials I understand the facility will request clinical information from my healthcare providers including but not limited to my most recent History & Physical, current medications and treatments, recent hospitalizations and visit notes and that the resident must be approved clinically prior to admission.

Primary Care Physician: _____ Home Health Agency: _____

Specialists involved in my care: _____

Requested Services:

- Linnwood Estates Assisted Living
- Glen Haven Village Adult Day
- Glen Haven Village Long Term Care, Memory Support or Rehabilitation

Select from options below ONLY if interested in Long Term Care

Room Preference: Private Companion

Memory Supportive Care Need: Yes No

Initials I understand that the completed Financial Profile form is due at time of admission to the program. *(Long term care and Assisted Living Only)*

A facility representative has spoken with me about rates and based on the costs of care I:

Will Will Not need to complete a Medicaid Application to pay for my care.

Along with this completed application form, please enclose a refundable deposit of:

- \$2000.00 for Assisted Living
- \$1000.00 for Long Term Care (amount will go towards first months care)
- \$1000.00 for Adult Day Services (amount will go towards last 2 weeks of care)

If admission criteria is not met or you make a decision not to move in/participate in services, the deposit will be refunded in full.

Applicant Signature: _____ Date: _____

Relationship to Resident: _____

Facility Representative: _____ Date: _____

Facility Rep
Initials

Wait List Updated
Facility Rep
Initials