APOSTOLIC CHRISTIAN HOME, INC.

10680 STEINER RD. RITTMAN, OH 44270
TELEPHONE. 330-927-1010 FAX. 330-927-1020

APPLICATION FOR ADMISSION **DATE:** _____

Name:_____
Last First Middle Maiden

Address:_____
Street City State Zip

County of Residence:_____ Telephone:_____

Birthday:_____ Birthplace:_____

Social Security #:_____ Medicare #:_____

Medicaid #:_____ Insurance Co.:_____

Spouse:_____
Name Address Telephone

Responsible Party:_____
Name Address Telephone

Children or other close Relatives:

_____
Name Address Telephone

_____
Name Address Telephone

Please Initial The Living Arrangements You Are Interested In:

Independent Apartment:_____ Assisted Living:_____ Nursing Home:_____

If Nursing Home what is your room Preference: Semi-Private:_____Private:_____ Either:_____

Please place on **ACTIVE** _____ waiting list → Please contact the Admissions Coordinator by the **1st business day** of each month to remain in active status

Please place on **INACTIVE**____ waiting list → Please call us when you want to move to the active list

Present Living Accommodations:_____

Church Affiliation:_____ Clergy:_____

Describe Medical Problems:_____

_____

Doctor:_____
Name Address Telephone

Expenses paid by: Self:_____ Medicaid:_____ Other:_____

_____ _____
Signature of Person Completing Form Civil Status (P.O.A. /Durable P.O.A./Guardian