

## **Apostolic Christian Village**

10680 Steiner Road, Rittman, OH 44270

P: 330-927-1010/ F: 330-927-1020



[admissions@apostolichome.com](mailto:admissions@apostolichome.com)

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_  
Street City State Zip

County of Residence: \_\_\_\_\_ Telephone: \_\_\_\_\_

Birthday: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Applicant Payer Source: Medicare \_\_\_\_\_ Private Pay \_\_\_\_\_ Medicare Replacement \_\_\_\_\_ Other \_\_\_\_\_

Medicare Beneficiary # \_\_\_\_\_ Medicare Supplement Name/#: \_\_\_\_\_

Medicare Replacement Name/# \_\_\_\_\_ Responsible Party/POA: \_\_\_\_\_

Who should we contact when a bed is available: \_\_\_\_\_

### **Please Check 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: \_\_\_\_\_ (Need for placement in 6 months or less. Please contact the Admissions Coordinator on the 1<sup>st</sup> business day of each month to remain on Active List).

Please place on **Inactive** waiting list: \_\_\_\_\_ (We keep your information on file. When you have a need for placement, please contact our Admissions Coordinator and we will move you to the Active List).

Present Living Accommodations: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Care Doctor: \_\_\_\_\_

Name

Address

Telephone

\_\_\_\_\_

\_\_\_\_\_

Signature of Person Completing this Form

Civil Status (Durable POA/POA/Guardian)