



**THE FOUNTAINVIEW CENTER**  
**FOR ALZHEIMER'S DISEASE**

**INQUIRY RECORD**

*If you are interested in applying for admission to The Fountainview Center, please complete the following application, sign it, and return it to the Admissions Director. This application is a pre-requisite to admission, and must be completed in its entirety. All information is confidential.*

*It is the policy of The Fountainview Center in considering an individual for placement and/or in admitting an individual to the Center to treat all potential admissions without regard to race, color, age, national origin, or handicap. There is not distinction in eligibility for, or in the manner of providing, any patient service provided by The Fountainview Center by others in or outside the Center. Residents are assigned to rooms within the Center without regard to race, color, age, national origin, or handicap.*

Date of Inquiry: \_\_\_\_\_ Date of Tour/Guide: \_\_\_\_\_

***I. PROSPECTIVE RESIDENT INFORMATION***

Name of Prospective Resident: _____	
Birth Date: _____	Age: _____ Sex: _____
Current Location: _____	Referred by: _____
Address: _____	
Desired Admission Date: _____	
Reason Seeking Admission: _____	
Type of Bed Preferred: <input type="checkbox"/> Semi-Private <input type="checkbox"/> Deluxe Suite <input type="checkbox"/> Private <input type="checkbox"/> First Available	

***II. CONTACT PARTY INFORMATION***

Name of Inquirer: _____		Relationship: _____	
Address: _____			
Phone Number(s): Day (    ) _____		Evening (    ) _____	
Other persons to contact:			
NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER(S)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**III. MEDICAL INFORMATION**

Diagnosis: \_\_\_\_\_

General Condition: \_\_\_\_\_

Current Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Activities of Daily Living:**

Feeding:  Per self  With cueing  With assistance  Total Care

Dressing:  Per self  With cueing  With assistance  Total Care

Bathing:  Per self  With cueing  With assistance  Total Care

Ambulating:  Per self  With assistance  Walker  Wheelchair  Geri-chair

Toileting:  Continent of Bladder  Continent of Bowel  Needs cueing

Incontinent of Bladder  Incontinent of Bowel  Needs assistance

Aggression:  Yes  No Agitation:  Yes  No

Combative:  Yes  No Confusion:  Yes  No

Recognizes self:  Yes  No Recognizes family/friends:  Yes  No

**IV. FINANCIAL/RESPONSIBLE PARTY INFORMATION**

*As an Alzheimer's/Dementia resident is typically unable to manage his/her own affairs, The Fountainview Center needs the name of the person(s) who will be financially responsible for the cost of care ("the Guarantor"). The Fountainview Center does not require a Guarantor for admission, but the Center does require that a source of payment be identified to pay for the Resident's care. The Responsible Party is the person that has taken on certain responsibilities on the resident's behalf, such as co-signer on checks, etc. A Responsible Party will not incur personal financial liability, but agrees to pay the resident's financial obligations with the resident's money.*

Responsible Party/Guarantor Name: \_\_\_\_\_

(Circle One)

Address: \_\_\_\_\_

Phone Number(s): Day (  ) \_\_\_\_\_ Evening (  ) \_\_\_\_\_

Has a trust account been established:  Yes  No

Has any large sum/property been transferred to others in recent years:  Yes  No

If yes, please explain: \_\_\_\_\_

Has a Power of Attorney been appointed to be financially responsible:  Yes  No

Has a Legal Guardian been appointed by a court:  Yes  No

If yes to either of these, The Fountainview Center will need a copy of the POA or Guardianship papers at the time of admission.

Financial Source:     Private Pay             Private Insurance     Medicaid     Other

**V. FINANCIAL INFORMATION**

<b>MONTHLY INCOME:</b>	<b>Social Security</b>	\$ _____
	<b>Pension/Annuities</b>	\$ _____
	<b>Investment Interest</b>	\$ _____
	<b>Trust Fund</b>	\$ _____
	<b>IRA</b>	\$ _____
	<b>Rental Property</b>	\$ _____
	<b>Other:</b>	\$ _____
	<b>TOTAL INCOME PER MONTH:</b>	\$ _____
<b>ASSETS:</b>	<b>Checking Account</b>	\$ _____
	<b>Savings Account</b>	\$ _____
	<b>Real Estate Equity</b>	\$ _____
	<b>Certificates Of Deposit</b>	\$ _____
	<b>IRA</b>	\$ _____
	<b>Other:</b> _____	\$ _____
	<b>TOTAL ASSETS:</b>	\$ _____
<b>LIABILITIES:</b>	<b>Home Mortgage</b>	\$ _____
	<b>Credit Cards/Charge Accounts</b>	\$ _____
	<b>Loans</b>	\$ _____
	<b>Other Debts:</b> _____	\$ _____
	<b>Taxes Owed</b>	\$ _____
	<b>TOTAL LIABILITIES:</b>	\$ _____
<b>NET WORTH (Assets minus liabilities):</b>		\$ _____

Any additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VI. SIGNATURES**

*I hereby state that the information provided is accurate and complete to the best of my knowledge. I understand that The Fountainview Center will rely upon the accuracy and complete detail of the information in making admission decisions. I also understand that if any of the information is not complete or accurate, the Center will have relied upon the above financial information, and will suffer financial loss and harm. The assets listed above are, in fact, available to the resident to pay for the resident's care at the Center.*

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guarantor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



