



Assisted Living & Basic Care

University Campus:
(701) 239-3439 FAX (701) 239-3546

42nd Street Campus:
(701) 478-8900 FAX (701) 478-8920

TTY Dial: 711 www.bethanynd.org

Personal Information			
Applicant Name		First:	Last: MI:
Phone Number:		Date of Birth: ____/____/____	
Email:		1 st Contact email:	
Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>		Social Security Number: ____ - ____ - ____	
Civil Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			
Residency Information			
Current Address	Street:	Do you rent? Yes - No	How many years at this address?
	City:	State:	Zip:
Landlord	Name:	Phone number:	
Previous Address	Street:	Did you rent? Yes - No	How many years at this address?
	City:	State:	Zip:
Landlord	Name:	Phone number:	
Insurance Information – complete all applicable sections. Copies of cards may be attached prior or at admission.			
Medicare Number:		Medical Assistance Number:	
LTC/Assisted Living Insurance:		Medicare Prescription Drug Plan:	
Company Name: _____		Company Name: _____	
Policy Number: _____		Policy Number: _____	
Medicare Supplemental Insurance:		Health Insurance - Other:	
Company Name: _____		Company Name: _____	
Policy Number: : _____		Policy Number: _____	
Medical Information			
Primary Physician:			
Clinic Name: (address if not in FM area)		Clinic Phone #:	
Specialty Physician: (list type of MD)			
Clinic Name: (address if not in FM area)		Clinic Phone #:	
Dentist:	Pharmacy: <i>name & location</i>		
Eye Doctor:	Hospital Preference:		
Funeral Home: <i>name & location</i>	Religion:		

MISC. & Billing Information

Veteran Status:

Are you a veteran?

Are you a spouse of a veteran?

Veterans Benefits:

Have you applied for or do you receive VA Benefits?

Financial Statements: *If you would like your Bethany bill sent to another party such as Power of Attorney, Trust Officer, etc. please list below. If the bill should be sent directly to you simply write "self".*

Mail to (name & relationship): _____

Street Address: _____ City: _____ State: _____ Zip Code _____

Discard junk mail:

Bethany staff will, at your direction, discard mail that does not have first class postage including catalogs and solicitation materials. Identifying information is shredded. Would you like us to assist you?

Yes or No

Forward business mail:

Mail that has 1st class postage can be forwarded to another party until you are able to make address changes at individual places of business.

Yes or No

Forward to: _____

Emergency Notification

Please list three people you would want to be contacted in an emergency. List in order of who you would want to be called first.

Bethany staff contact only one person. When one person is reached, additional calls are not made by Bethany staff.

Name	Relationship	Address (include exact mailing address)	Phone Numbers
1.			H:
			W:
			C:
			Email:
2.			H:
			W:
			C:
3.			H:
			W:
			C:

Advanced Directives

*Check all that apply
Copies required upon
admission*

Durable Power of Attorney Finances
 Durable Power of Attorney Healthcare

Guardian
 Living Will
 Code Level

Name & Address of POA or Guardian: _____

Has the applicant been a resident of Bethany in previous years? Yes or No About what year?

Preferred Placement: Assisted Living Basic Care
 First Available Opening Future Placement Short Term/Respite Service

Preferred location: Bethany Towers - University Campus Bethany Gables - 42nd St Campus

Preferred apartment style: _____

The undersigned represent that all of the above statements are true and complete and hereby authorize Bethany Retirement Living, its employees and agents to contact and obtain information from any individuals or entities that may have information regarding past residential arrangements of the undersigned. The undersigned hereby indemnify and hold harmless American Lutheran Homes, Inc., its employees and agents and all other individuals or entities contacted by American Lutheran Homes, Inc., from all causes of action, expenses, losses or damages of any kind arising from or related to any information obtained regarding the undersigned. All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap or national origin in compliance with the Fair Housing Act. This application is preliminary only and does not obligate American Lutheran Homes, Inc., to deliver possession or keys to the premises. No contract will be established between the parties until a lease agreement has been signed by all parties. For the safety of our tenants a criminal and credit history will be conducted by Advantage Credit Bureau. Bethany Retirement Living reserves the right to refuse rental to persons with a criminal history. Following the review of credit history and at the discretion of Bethany Retirement Living, a co-signer may be required.

Applicant Signature: _____ Date: _____

Responsible Party Signature: _____ Date: _____

