

**ODD FELLOWS' & REBEKAHS'
HOME OF MAINE
85 Caron Lane
Auburn, Maine 04210**

APPLICATION FOR ADMISSION

Residential Care _____ Nursing Facility _____

Resident Name: _____ Maiden Name: _____

Address: _____

Telephone Number: _____ U.S. Citizen: Y N

DOB: _____ Marital Status: _____ Gender: M F

Religion: _____ Church Affiliation: _____

Preferred language: _____ Speaks/understands English: Y N

Payment Source: Private Pay ____ MaineCare ____ MaineCare #: _____

Social Security #: _____ Medicare #: _____

Private Insurance: Policy #/Group# _____

Name of Company: _____

Address: _____

Phone #: _____

Primary Care Physician: _____ Phone #: _____

Dentist: _____ Phone #: _____

Other doctors: _____ Phone#: _____

Medical problem/diagnosis: _____

Medications including over-the-counter: _____

Drug allergies? _____

Any special diet such as diabetic? _____

Food allergies? _____

Favorite foods: _____

Foods disliked: _____

Do you enjoy group events? Yes ___ No ___ Check the events that you would enjoy participating in if they were available: Bingo ___ Religious services ___ Going to local restaurants ___ Movies ___ Exercise ___ Shopping ___

Do you enjoy (Check all that apply): Reading ___ Jigsaw Puzzles ___ Crossword puzzles ___ Playing cards ___

Do you consider yourself: Social ___ Shy ___ A 'loner' ___

Please list any favorite games or activities that you enjoy. _____

Birthplace: _____

Father's Name: _____ Mother's Name: _____

Siblings: (If more space is needed, please write on back of this page)

Name: _____ Living/deceased: _____

Address: _____ Phone: _____

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Address: _____ Phone: _____

Name: _____ Living/deceased: _____

Address: _____ Phone: _____

Name: _____ Living/deceased: _____

Address: _____ Phone: _____

Childhood History/Memories _____

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Military History (Branch of service, where stationed, and dates): _____

Community Involvement (Clubs, organizations, etc): _____

Marriage/Significant Others:

Spouse's name (if applicable): _____

When married? _____ Where married? _____

Spouse living? Yes No If no, when deceased: _____

Past History (Other marriages, divorce or death of previous spouse, etc): _____

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Children: (If more space is needed, please write on back of page.)

Name: _____ Living/deceased: _____

Address: _____ Phone: _____

Name: _____ Living/deceased: _____

Address: _____ Phone: _____

Name: _____ Living/deceased: _____

Address: _____ Phone: _____

Name: _____ Living/deceased: _____

Address: _____ Phone: _____

Other close/significant relationships:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Family/Significant Other support: _____

Education/Schools attended and years of graduation: _____

Employment/routine hours: _____

Cultural background: _____

Important holidays celebrated and traditions: _____

Registered voter? Yes No What town: _____ Date last voted: _____

How often do you see your children? _____

How often do you see other relatives, friends, and neighbors? _____

Major life changes (crisis) in past 5 years:

Death (family/significant other): _____

Retirement: _____

Family discord/trouble: _____

Relocation: _____

Changes in financial status: _____

Other: _____

Strengths/coping skills: _____

Weaknesses: _____

Personal traits: _____

Hobbies/interests: _____

Done any traveling? Yes No If yes, where and when: _____

Thoughts about this placement:

Resident: _____

Family: _____

Signature of person completing form

Date

If you or a family member are interested in receiving our e-newsletter and learning more about events at the Odd Fellows' & Rebekahs' Home, please supply us with your e-mail address: _____