



BEACON RIDGE

1515 Wayne Avenue
Indiana, PA 15701

(724) 349-5300

ADMISSION APPLICATION

Date: _____ Social Worker: _____

Applicant Name: _____

Resides: Alone _____ Spouse _____ Children _____ Other _____

Marital Status: Married _____ Widowed _____ Single _____ Divorced _____

Birthdate: ___/___/___ Place of Birth _____

Spouse's Name: _____

Number of Children: Sons _____ Daughters _____

Religion: _____ Church _____

Pastor: _____ Location _____

Military Service: _____ Branch _____ Years _____

Occupation: _____

Responsible Party: _____

Address: _____

Relationship: _____

Phone No. _____

Emergency Contact: _____

Address: _____

Relationship: _____

Phone No. _____

INSURANCE INFORMATION

Social Security No: _____ Medicare No: _____

Other Insurance: _____

ADVANCED DIRECTIVES

Family doctor: _____

Is there a durable power of attorney for healthcare? Yes: _____ No _____

Who: _____ Copy available: _____

Is there a living will ? Yes _____ No _____ Copy available: _____

Choice of Funeral Home: _____

Is there a cemetery plot: Yes _____ No _____ Where: _____

Irrevocable Burial Reserve: Yes _____ No _____ Where: _____

Type of stay being considered:

Long term _____ Short term _____ Rehab _____ Hospice _____

How did you hear about Beacon Ridge: _____

MONTHLY INCOME

Social Security: _____ Veteran's: _____

Miner's Pension: _____ Black Lung: _____

Pension: _____ Company: _____

Any other income from rental property, gas royalty, interest, dividends, etc:

Does applicant own any property/real estate: Yes _____ No _____

Checking: Yes _____ No _____ Bank: _____ Balance: _____

C.D.s: Yes _____ No _____ Bank: _____ Balance: _____

Stocks: Yes _____ No _____ Bank: _____ Balance: _____

Bonds: Yes _____ No _____ Bank: _____ Balance: _____

Life Insurance Yes _____ No _____