

APPLICATION FOR ADMITTANCE AS A RESIDENT

The Card Home



Name _____ Male _____ Female _____

Address _____

Telephone(s) _____ Social Security No. _____

Date of Birth _____ Place of Birth _____

Next of Kin Name _____

or Guardian: Address _____

Telephone _____

Financial Responsibility: Name _____

Personal Physician _____

Religion _____

Pastor: _____

As a prospective resident of the Card Home, I hereby agree to the following:

1. Entrance Requirements
 - a. Furnish a doctor's certificate showing status of health and ambulatory ability
 - b. An interview for compatibility satisfactory to the Administrator and the Board
 - c. Satisfy the Card Home of ability to meet financial obligations promptly
2. The cost of board and room is subject to review and change by the Board of Directors of the Card Home.
3. Residents agree to abide by all Card Home rules and regulations or directives given by the Administrator or person in charge.
4. Personal furnishings may be brought in *with the approval* of the Card Home
5. Residents are accepted on a six month trial basis. A resident may be requested to leave the Card Home for any of the following reasons:
 - a. Poor physical or mental health
 - b. Unable to make own way in a steady manner
 - c. Unable to come to meals (temporary illness excepted)
 - d. Unable to take own medication
 - e. Considered not compatible
 - f. Failure to meet financial obligations promptly
 - g. Any other reason deemed adequate by the Card Home Board of Directors
6. If it should become necessary for a resident to leave the Card Home, it is the responsibility of the resident and/or his or her next of kin or guardian to make suitable care arrangements.

Signature of Applicant _____ Date _____

Signature of Next of Kin or Guardian _____ Date _____

Approved by _____ Date _____

Date of Admission _____

Not Approved _____ Date _____

Reason for Non-Approval _____