



SOCIAL SERVICE DEPARTMENT
860 North Quiddnessett Road
North Kingstown, RI 02852
Tel: (401) 884-1802 Fax: (401) 884-4727
Web Page: www.scalabrinivilla.com
E-Mail : admin@scalabrinivilla.com

RESIDENT ADMISSION APPLICATION -PLEASE PRINT
ALL INFORMATION MUST BE COMPLETED IN ORDER TO PROCESS THIS APPLICATION

Name_____ Date_____

Address_____

City/State/Zip_____

Telephone Number (s) Home_____ Cell_____

Date of Birth_____ Primary Language_____

Religion_____

SS#_____

Responsible Party/Emergency Contact: **POA** (circle) **Y N** (if yes, circle Financial - Health)

Diagnosis_____

Community M.D _____

Specify Unit: Dementia_____ Skilled Nursing_____ Hospice_____

Funeral Home _____

Previous Community Support Services _____

Agency Involved_____

Medications_____

Allergies_____

MEDICARE # _____ MEDICAID# _____

Other Insurance _____ Policy# _____

Dates of last hospital stay _____ to _____ Hospital _____

Dates of last nursing home stay _____ to _____ Facility _____

Does the Applicant Utilize any of the following? (please circle)

Eyeglasses **Y N** Dentures **Y N** Hearing Aid **Y N** Oxygen **Y N**

Upper Dentures **Y N** **Upper Lower** Hearing Aid **Y N** **Left Right**

Special Utensils **Y N** Equipment Needs **Y N**

Type _____ Type _____

Cane _____ Walker _____ Wheelchair _____

Please assist us in providing the highest quality of care to you or your loved one by sharing with us the following information. Please circle one and provide any additional useful information.

Walking Self Assistance Unable Comments _____

Eating Self Assistance Unable Comments _____

Personal Care Self Assistance Unable Comments _____

Dressing Self Assistance Unable Comments _____

Bathing Self Assistance Unable Comments _____

Bathroom Self Assistance Unable Comments _____

Alcohol Use **Y N** Tobacco Use **Y N** SCALABRINI VILLA IS A SMOKE FREE FACILITY

Hobbies and Interests _____

WE REQUIRE COPIES OF THE FOLLOWING UPON ADMISSION:

Social Security Card Insurance Cards Advanced Directives Power of Attorney/Guardianship

Upon admission to Scalabrini Villa, all personal belongings must be marked with the resident's name. If family will be washing the resident's laundry, they must provide specially marked receptacle with a lid.

Signature _____

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For Office Use Only:

Medical Record # _____ Admission Date _____ Time _____

Attending Physician _____ Pharmacy _____

Room # _____ Phone Issued **Y N** Phone# _____

Payment Source _____