

The Friendly Home Skilled Nuring Facility
303 Rhodes Avenue Woonsocket, RI 02895
Main # (401) 769-7220 • Fax (401)766-8282 • Admissions (401) 371-4687

APPLICATION FOR ADMISSION

ALL information requested on pages 1 and 2:

Date ___/___/___:

Name of Applicant _____
Last First Middle

Is placement considered Short term _____ **or Long term** _____ **(check one)**

Home Address _____ Telephone No. _____
Street

City State County Zip Code
Birth Date _____ Age _____ Sex _____ Citizenship _____
Marital Status: Single Married Widowed Separated Divorced

Present Location of Applicant (if other than home address) _____
Address _____
Street City State Zip Code

If currently in a Skilled Nursing Facility or Assisted Living, please provide name and phone # of Community:

Social Security No. _____ Veteran: Yes No Spouse Veteran: Yes No
Medicare No. _____ Part A Part B Effective Date _____
Medicaid No. _____ County _____
Effective Date _____ Pending Application/Date Submitted _____
Medical Insurance Name and No. _____
Primary Care MD: _____
Address _____ Telephone No. _____
Street City State Zip Code

please supply copies of all insurance cards

Designated Representative(s):

Name: _____ Relationship _____
Address and Zip Code: _____
Home Phone: _____ Mobile Phone: _____ Email: _____

Funeral Home: _____

Power of Attorney/s/Guardian/s

(Attach copies of Power of Attorney, Guardianship and Conservator Court Orders)

Name _____ Telephone No. _____
Address _____
Street City State Zip Code

(Continued on page 2)

Applicant Resources:

Salary\$ _____/month
Social Security\$ _____/month
Retirement Pension Name (Please Specify): _____\$ _____/month
Veteran's Pension\$ _____/month
Railroad Pension\$ _____/month
Supplementary Security Income.....\$ _____/month
Other Monthly Income (Please Specify): _____\$ _____/month
Long Term Care Insurance _____
Company _____ Policy # _____

Assets:

Name of Investment/Broker Accts _____ Present Value _____
Address of Investment/Broker Accts _____
Checking Account Amount: _____
Savings Account Amount: _____

Real Estate: Yes No
Name/Address of Trusts _____ Date Trust Established _____
Beneficiaries _____ Amount _____
Other Assets _____

Please provide a copy of covid vaccine card by emailing a picture to kayli@thefriendlyhome.net or text to 401-356-3379. You can also have a copy of card made at The Friendly Home, please see front office.

To the best of my knowledge all of the above information is correct and valid.

Signature of Applicant or Responsible Party **(REQUIRED)**

Date

Applications are accepted and considered without regard to race, creed, color, age, sex, religion, national origin, sponsor, sexual preference, blindness, or other handicap: