SAINT MARY HOME
PART OF THE MERCY COMMUNITY

Adult Day Center/Frances Warde Tower Apartments
2021 Albany Avenue, West Hartford, CT 06117
860.570.8200

APPLICATION FOR ADMISSION

Last Name:	First Name:			Middle/Maiden Name:	
Address:	City:	State:	Zip:	Phone:	
Sex:	DOB:	Age:	Marital Status:	Religion:	Place of Worship:
Birthplace:	Citizen of:	Address of Place of Worship:			
Spouse's Name:	Father's Name:	Mother's Maiden Name:			
SSN:	Medicare No.:	Medicare No.:			
Blue Cross/Blue Shield No.:	Other Insurance & Policy No.:				
Veteran: ☐ Yes ☐ No Spouse of Veteran: ☐ Yes ☐ No	Branch of Service:	Service No.:			
Physician's Name:	Phone:				
Physician's Address:	City:	State:	Zip:		
Pharmacy Preference:	Hospital Preference:				
Ambulance Preference:	Funeral Home Preference:				

Person(s) to be Notified

Name and Relationship	Address:	Home Phone:	Business Phone:

Who has Power of Attorney (POA), Conservator of Person and/or Estate?

Name and relationship:			
Address:			
Home Phone:	Business Phone:		
Billing Contact Name:			
Address:	City:	State:	Zip:
Home Phone:	Business Phone:		

Where have you lived for most of your life? _____

With whom are you living now? _____ For how long? _____

What is your highest achieved level of education? _____

What was your occupation before retirement? _____ When did you retire? _____

What are your pursuits of leisure and community involvement? _____

_____

_____

Have you ever lived in a skilled nursing facility before? ☐ Yes ☐ No

If not, in what ways do you need assistance? _____

Please give dates and nature of any major illnesses and/or operations: _____

_____

_____

_____

Have you ever been treated for: ☐ Alcohol abuse ☐ Drug abuse ☐ Emotional problems

If so, please state where and when: _____

Do you have you a current primary or secondary mental health diagnosis? _____

If so, briefly describe and list date(s) of onset: _____

_____

Have you a history of cognitive impairment? ☐ Yes ☐ No

If so, describe briefly and list the date(s) of onset: _____

_____

Reason for application/current problem areas: _____

_____

_____

_____

_____

I certify that all statements above are accurate to the best of my knowledge.

Print Name: _____

Signature of Applicant or Responsible Party: _____