

APOSTOLIC CHRISTIAN HOME, INC.

10680 STEINER RD. RITTMAN, OH 44270
TELE. 330-927-1010 FAX. 330-927-1020

PRE-ADMISSION QUESTIONNAIRE

DATE: _____

Name: _____
Last First Middle Maiden

Address: _____
Street City State Zip

County of Residence: _____ Telephone: _____

Birthday: _____ Birthplace: _____

Social Security #: _____ Medicare #: _____

Medicaid #: _____ Insurance Co.: _____

Spouse: _____
Name Address Telephone

Responsible Party: _____
Name Address Telephone

Children or other close Relatives: _____
Name Address Telephone

Please Initial The Living Arrangements You Are Interested In:

Independent Apartment: _____ Assisted Living: _____ Nursing Home: _____
If Nursing Home what is your room preference? Semi-Private: _____ Private: _____ Either: _____

Please place on **ACTIVE** _____ waiting list (we call you when bed is available)
Please place on **INACTIVE** _____ waiting list (you call us when ready, we move to active list)

Present Living Accommodations: _____

Church Affiliation: _____ Clergy: _____

Describe Medical Problems: _____

Doctor: _____
Name Address Telephone

Expenses paid by: Self: _____ Medicaid: _____ Other: _____

Signature of Person Completing Form

Civil Status (P.O.A. /Durable P.O.A./Guardian)