

Assisted Living and Health Care Application

Each individual applying needs to complete an application.

Services are provided without regard to race, color, sex, religion, national or ethnic origin, familial status or disability. All information provided is held in strict confidence.

ENTRANCE DATE: As soon as possible Or approximate date _____

APPLICANT INFORMATION:

Full Legal Name _____

Preferred Name _____

Address _____
street city state zip code

Home Phone _____

Email _____ Mobile phone _____

Birthdate _____ Birth Place _____

US Citizen Yes No Military Service Yes Branch _____ No

Marital status Single Divorced Widowed Married Date Married _____

Spouse's Name _____ If not living, date of death _____

MEDICAL INFORMATION:

Physician _____ Phone _____

Address _____
street city state zip code

Medicare Number _____ Medicaid Number _____

Supplemental Insurance _____ Policy Number _____

Dentist _____ Phone _____

Pharmacy _____ Phone _____

Hospital Preference _____ Mortuary Preference _____



KIDRON BETHEL VILLAGE

3001 Ivy Drive
North Newton, KS 67117

bluestemks.org
888-388-7445

SCHOWALTER VILLA

200 W. Cedar St.
Hesston, KS 67062

RELIGION:

Home Congregation _____ Phone _____

Pastor _____

Address _____
street city state zip code

LEGAL INFORMATION:

POWER OF ATTORNEY FOR FINANCIAL DECISIONS Yes No

Name _____ Phone _____

Email _____ Additional Phone _____

Address _____
street city state zip code

POWER OF ATTORNEY FOR HEALTH CARE DECISIONS Yes No

Name _____ Phone _____

Email _____ Additional Phone _____

Address _____
street city state zip code

EMERGENCY CONTACTS (*List primary contact first*)

Name _____ Primary Phone _____

Email _____ Secondary Phone _____

Address _____
street city state zip code

Relationship _____

Name _____ Primary Phone _____

Email _____ Secondary Phone _____

Address _____
street city state zip code

Relationship _____

Name _____ Primary Phone _____

Email _____ Secondary Phone _____

Address _____
street city state zip code

Relationship _____

RESIDENTIAL OPTIONS:

Prices may vary. Please see your information packet for details.

1. PREFERRED COMMUNITY

- Kidron Bethel Village, North Newton, KS (Select from Housing Preference section A.)
- Schowalter Villa, Hesston, KS (Select from Housing Preference section B.)
- No preference.

2. HOUSING PREFERENCE:

A. KIDRON BETHEL VILLAGE | North Newton, KS

Suderman Assisted Living

- 1 bedroom - standard (406 sq. ft.)
- 1 bedroom - expanded (512 sq. ft.)

Health Care

- Private room (Dementia care integrated)*

B. SCHOWALTER VILLA | Hesston, KS

Mullet Place Assisted Living

- Studio, Blue Sage (395 sq. ft.)
- Studio, Goldenrod (271 sq. ft.)
- 1 bedroom, Lark (570 sq. ft.)
- 1 bedroom, Prairie Clover (472 sq. ft.)
- 2 bedroom, Monarch (726 sq. ft.)

Health Care (all private rooms)

- Standard room
- North Meadows
Specialized Dementia Care Neighborhood*
- Hess Plaza
High Functioning Memory Support Neighborhood*

* Comfort Matters® accredited

ADDITIONAL INFORMATION:

How did you hear about us? (optional)

- Newspaper Radio Magazine Church Personal referral
- Other (please explain) _____

Were you referred by a current resident? Yes No Name _____

What most influenced your decision to apply? _____

FINANCIAL INFORMATION:

To process your application, the following information is needed. This information is strictly confidential.

ASSETS:

Cash, checking, and savings _____
Certificate of Deposits/IRA's _____
Stocks and Bonds _____
Real estate _____
Bluestem Home Refund available _____
Life Insurance cash value _____
Other assets _____

TOTAL ASSETS (sum of above)

A. _____

LIABILITIES:

Home mortgage (remaining balance) _____
Outstanding loans (remaining balance) _____
Other liabilities not mentioned above _____

TOTAL LIABILITIES (sum of above)

B. _____

NET WORTH

(Assets **A.** minus liabilities **B.**)

MONTHLY INCOME:

Social Security (amount of deposits) _____
Pensions/annuities _____
Dividend/interest income(s) _____
Other income (please explain) _____

TOTAL MONTHLY INCOME

C. _____

MONTHLY EXPENSES:

Insurance Expenses _____
Credit card installments/payments _____
Installment payments (home/vehicle, etc.) _____
Other expenses (please explain) _____

TOTAL MONTHLY EXPENSES

D. _____

NET MONTHLY INCOME

(Monthly income **C.** minus monthly expenses **D.**)

Have you or your spouse: sold, given away, changed ownership on any property in the last 5 years? Yes No

Please list: _____

I verify the answers to these questions to be true and complete to the best of my knowledge. Information may be released to Bluestem Communities by above sources to verify statements and references given in this application.

Date _____ Signature _____

Date _____ Signature _____

FOR OFFICE USE ONLY:

Date application received _____ Staff initials _____ Approved _____ Declined _____

Staff signature _____ Date _____