



Sterling Meadows Application for Admission

Thank you for your interest in Sterling Meadows Assisted Living. As a licensed assisted living program, Sterling Meadows provides a safe environment for seniors age 65 and older who wish to live in an exceptional environment that provides them with a home environment with the extra benefit of 24 hours assistance as needed.

Enclosed is the admission package. In order to process your application the following forms must be submitted:

____Application for Admission

____Medical Evaluation, completed by your doctor

____Mental Health Evaluation, completed by your doctor

____Functional Needs Assessment, completed by Sterling Meadows admissions

____Financial Questionnaire with documents



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Please fill out the entire application completely in order to be considered for admission:

Date: _____

Name: _____ Social

Security# _____

Address prior to move

in: _____

___ Male ___ Female Age _____ Date of Birth _____

How did you hear about Sterling Meadows?

Marital Status : ___ married ___ widowed ___ divorced ___ single(never married)

Family Information:

of Children: _____

Name of 1st

child: _____ 2nd child _____

Address: _____ address: _____

Phone: _____ phone: _____

Additional children info:

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

It is normally best for the applicant to designate one family member or professional person for Sterling Meadows staff to look to for guidance and direction about your affairs. This person can serve as your primary contact person.



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Primary Contact:

Name _____ relationship _____

Address _____

Place of
Employment _____

Phone # _____ Cell# _____

Is this person have Power of Attorney? ___yes ___No

Attending Physician:

Name: _____

No.: _____

Address: _____

Phone# _____

Health Insurance:

Medicare # _____

Supplemental Insurance _____

Other Health care providers:

Name: _____

Address: _____

Phone# _____

Prescription Drug Plan:

DNR ___yes ___No (please attach)

Living Will ___Yes ___no (please attach)

Health Care

surrogate: _____

Hospital of choice: _____

Personal Background



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Name you prefer to be called: _____

Where were you born/raised/lived most of your life? _____

Highest grade completed: _____

Occupation: _____

Religious Affiliation(if any): _____

Place of
worship: _____

Daily preferences:

How often do you drink alcohol? _____ smoke/chew tobacco? _____

Preferred wake-up time? _____ Preferred bedtime? _____

Eating preferences:

Do you have any dietary restrictions? _____

Food allergies(list all): _____

Food preferences: _____

Food dislikes: _____

Daily Events: check all that apply

___ Goes out ___ days a week.
routine

___ Stays busy with hobbies, reading, fixed daily

___ Spends most time alone
week

___ contact with relative/close friends ___ days per

___ Spends most time watching TV

___ Usually attends church, mass, synagogue, etc.



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___ Prefers small group activities

___ Prefers large group activities

Additional comments/

concerns: _____
