

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

Please Provide Covid Vaccine Card by emailing to kayli@thefriendlyhome.net or texting a picture to 401-356-3379

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: