BREAKWATER COMMONS
A Senior Living Community

This form is to be completely filled in and returned to:

Application for Admission
100 COMMONS DRIVE
ROCKLAND, ME 04841

Social and Financial Information

1. Name of Prospective Resident_____Phone_____
   Present Address_____

2. Birth Date_____   3. Marital Statues_____

3. Place of Birth_____5. Occupation_____

6. Social Security #_____Medicare_____
   Medicaid#_____Private Health Insurance   Yes___No___
   _____

7. Next of Kin or Interested Persons:
   Name_____Address_____Phone_____
   Person to Notify in Case of an Emergency:
   Name_____Address_____Phone_____

8. Name of Physician:
   Name_____Address_____Phone_____

9. Has Physician been notified of potential move to Breakwater Commons?
Yes___No____

10. Has the Physician agreed to continue giving medical care to the resident after
    Admission to Breakwater Commons?   Yes___No____

11. If not, have plans for future medical care been made? Yes____No___, if yes, who
    will be the Physician in charge of resident care?
    Name_____Address_____Phone_____

12. Financial Arrangements:
    Private   Yes___No___
    If Private Pay, who should the billing be directed to?
    Name_____Address_____Phone_____

13. Nursing and Social Needs:
    Please check what is appropriate

    Out of Bed   Yes___No____   Is resident incontinent?   Yes____No____
    In Bed   Yes___No____   Is resident alert?   Yes____No____
    Able to walk? Yes___No___   Continually forgetful?   Yes____No___
    Use wheelchairYes___No___   Cooperative?   Yes____No__
    Walks w/help   Yes___No___   Require help
                                         W/feeding?   Yes____No___

    Is the prospective resident able to make needs known to others?
       Is resident able to talk?   Yes_____No_____
       Does resident have difficulty hearing?   Yes_____No_____
       Does resident wear a hearing aid?   Yes____No_____
       Does resident speak a foreign language?   Yes____No_____

    Does prospective resident require a special diet?   Yes_____No_____
    If yes, explain:

    Does prospective resident smoke?   Yes____No_____
    Does prospective resident drink alcohol?   Yes____No_____
    Is there a history of alcohol abuse?   Yes____No_____

14. Religious Affiliation_____

15.Why would you like Breakwater Commons to provide care for your loved one?

16. Names of: Dentist_____
               Podiatrist_____
               Optomitrist/Opthamologist_____
17. Have funeral arrangement been made?   Yes_____No_____
    Funeral Home_____

18. Advance Directives?
    Living Will   Yes____No____   Durable POA Yes_____No_____
    Health Care POA   Yes_____No____   Other_____

19. Other Information:

Thank You, if you have any questions please feel free to call @ (207) 466-8788