



Glenwood Rehabilitation and Convalescent Center
211 Ana Drive; Florence, AL 35630
Phone :(256) 766-8963 Fax: (256) 766-9545

APPLICATION FOR ADMISSION

Application is current for thirty day. You may call to renew your application.

For Facility Use Only

Date _____ Hospital Social Worker/Case Worker _____ Admit Date _____
 Resident # _____ Room _____ Medicare A B Medicaid _____ Private _____ Other _____ Access Code _____

Applicant's Name: _____ **DOB** _____ **Age** _____
 (Print name as listed on Medicare/Insurance cards)

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Telephone: _____

Prior stay in a Skilled Nursing Facility? _____ **Dates** _____ **Where?** _____

Care Prior to Request for Placement: _____ (self/spouse/home health/family members)

SPONSOR: _____ **Home phone:** _____

Address: _____ **Work phone:** _____

Cell phone: _____

Relationship: _____

Next Contact: _____ **Home phone:** _____

Address: _____ **Work phone:** _____

Cell phone: _____

Relationship: _____

Next Contact: _____ **Home phone:** _____

Address: _____ **Work phone:** _____

Relationship: _____ **Cell phone:** _____

Resident/Patient to be admitted from: _____ **Admitting Physician:** _____

Primary Physician: _____ **Physician to Care for Resident Upon Admission:** _____

Mortuary _____ **Dentist** _____ **Hospital of choice** _____

Sex _____ **Race** _____ **Age** _____ **Marital Status** _____ **Spouse** _____

Place of Birth _____ **Religion** _____ **Citizenship** _____ **Education** _____

Does Resident/Patient have Advance Directive? _____ **Qualifying Hospital Stay** _____

Previous Occupation _____

Social Security # _____ **Medicare #** _____ **Medicaid #** _____

Other Insurance _____ **Insurance #** _____

Financial Information

S.S. Amount \$ _____ **V.A. Amount \$** _____ **SSI Amount \$** _____

Other Income _____ **Spouse Income\$** _____ **Does Resident own property?** _____

Will Resident/Patient apply for Medicaid in the Nursing Facility? _____

******Note: You must re-apply for Institutional Medicaid, even if you have a Medicaid card currently.**

Copy of Insurance Cards? _____ *WE MUST MAKE A COPY OF ALL CARDS BEFORE ADMISSION*****

IF APPLICABLE: WE MUST MAKE A COPY OF ADVANCE DIRECTIVE AND POWER OF ATTORNEY*