



Application for Admission to Grace House Akron

Complete application online or email to admissions@gracehouseakron.org

Applicants must:

Be enrolled in a hospice program

Do not have access to a caregiver or cannot afford a caregiver

Have a DNR CC order on State of Ohio form

No symptoms of COVID-19 or exposure to COVID-19 within 48 hours of admission

Provide financial information as requested

In collaboration with your hospice provider, please complete the following application as thoroughly as possible.

Name: _____

First

Middle Initial

Last

Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

SSN: _____ Date of Birth: _____

Marital Status: Single Divorced Separated Widowed

Grace House uses the demographic information requested for statistical purposes only. Services are provided as a gift of compassion to all with no regard to race, age, gender, sexual identity, or lack of financial resources or income.

Why are you choosing Grace House Akron?

What concerns do you have about your current housing/environment?

Please list any special care needs, care preferences, medical problems or allergies:

Do you have:

Tuberculosis Yes No

Feeding Tube Yes No

Insulin dependent diabetes Yes No

I.V. Yes No

Do you require:

Sub Q Medication Yes No

Respirator/Trach Yes No

Allergies: _____

Do you have a DNR? Yes No

Caregiver:

Do you have a caregiver now? Yes No

If yes, who is your caregiver? _____

Caregiver phone: _____

If your caregiver is no longer willing or able to take care of you, please explain:

Emergency Contact Information:

Name:_____ **Phone Number:**_____

Email:_____

Is this person your POA or Guadian? Yes No

If no, do you have a POA? Yes No

Financial Information

Medicare Yes No **Medicaid** Yes No **Medicaid Waiver** Yes No

No Insurance Yes No **Veteran Benefits** Yes No

Insurance Carrier name: _____

Household Income (Total Monthly Income): _____

Income Sources: Employment Retirement/Pension Social Security

Disability Other Veteran

Total Monthly Expenses: _____

Rent/Mortgage: _____ Utilities: _____

Food: _____ Credit card: _____

Medical (private caregivers, medical bills, health, medications, etc): _____

Transportation: _____ Other: _____

Other Assets (If answer yes to any questions in this section, GHA may request copies of statements)

Savings account Yes No If yes, current balance: \$ _____

IRA, 401k, Investments Yes No If yes, current balance: \$ _____

Stocks, Bonds Yes No If yes, current balance: \$ _____

Checking Account Yes No If yes, current balance: \$ _____

Do you own home/property? Yes No If yes, value: \$ _____

Mortgage balance: \$ _____ 2nd mortgage balance if applicable \$ _____

Credit card Yes No If yes, current balance: \$ _____

Funeral Home

Name of Funeral Home: _____

Address: _____

Telephone: _____

Have funeral arrangements been finalized? Yes No

Consent to release information: I authorize the exchange of information between my physician, hospice agency, caregivers, and Grace House Akron, to coordinate care at Grace House Akron.

I understand and agree that my residency at Grace House Akron may be re-evaluated at any time for changes in diagnosis, prognosis, or behavior. The information I have provided here is true and accurate to the best of my knowledge. Withholding or stating inaccurate information on this application may result in discharge from Grace House.

I understand that the mission of Grace House Akron is to serve those in need at end of life. I attest that I do not have the resources and my family does not have the resources to assist paid caregivers, care in a facility, or care in my home.

Signature of Applicant: _____

Family /Loved one Signature: _____

Relationship to Resident: _____

Date: _____

Office Use Only

Approved By: _____ Date: _____