



**APPLICATION FOR NURSING FACILITY/ASSISTED LIVING/ SUPPORTED RETIREMENT LIVING.**

- 1. I, \_\_\_\_\_ of \_\_\_\_\_, hereby make application to be admitted as a resident of Presidential Oaks Nursing Facility in Concord, NH, beginning \_\_\_\_\_.
- 2. My date of birth is \_\_\_\_\_.
- 3. I further declare that if I am admitted, I will abide by the rules and regulations of the Home.
- 4. Are you an Odd Fellow or Rebekah? \_\_\_\_ (No) \_\_\_\_ (Yes).  
If Yes, Lodge Name: \_\_\_\_\_ # \_\_\_\_\_ State \_\_\_\_\_
- 5. Are you a Veteran? \_\_\_\_ (No) \_\_\_\_ (Yes)
- 6. I am completing the financial statement given to me on \_\_\_\_\_.
- 7. It is understood that admission to the nursing unit for long-term care is contingent upon space availability. Current residents of Presidential Oaks receive priority for admission to the Nursing Facility; However, the Nursing Facility does not guarantee admission.
- 8. I authorize the Home and its' contracted providers to gather any and all medical information needed, as required by the Home or the state licensing bureau(s). I further understand this information may be needed at intervals after admission.

\_\_\_\_\_  
Resident or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Presidential Oaks Representative

\_\_\_\_\_  
Date

PERSONAL INFORMATION SUMMARY

Name: \_\_\_\_\_ Nickname \_\_\_\_\_

Current Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Street Address Apt. #

\_\_\_\_\_ City State Zip Citizenship: \_\_\_\_\_

PLEASE BRING THESE DOCUMENTS IN WITH YOU FOR US TO PHOTOCOPY:

Medicomp # (BC/BS): \_\_\_\_\_ Medicaid #: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Medicare #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

ID #: \_\_\_\_\_ Group #: \_\_\_\_\_ Birth Certificate

H H H H H

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status : \_\_\_\_\_

Birthplace: \_\_\_\_\_ Race: \_\_\_\_\_ Spouse's Name : \_\_\_\_\_

Maiden Name : \_\_\_\_\_ Former Occupation/Employer: \_\_\_\_\_

Local/Attending Physician: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Address: \_\_\_\_\_

Local Eye Doctor: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Address: \_\_\_\_\_

Local Dentist: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Address: \_\_\_\_\_

Local Podiatrist: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Address: \_\_\_\_\_

Will you be receiving your bills and business mail at the Presidential Oaks? Yes No

If No, to whom would you like your bills and business mail forwarded?

\_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_

\_\_\_\_\_ Home Telephone #: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Work Telephone #: \_\_\_\_\_

City State Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Who would you like for us to contact in case of an emergency or for the applicant's well being? (This is your Power of Attorney for Healthcare, if you have one in place.) \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_

\_\_\_\_\_ Home Telephone #: \_\_\_\_\_

Address City State Zip \_\_\_\_\_

Alternate Contact \_\_\_\_\_

What is your religious affiliation: \_\_\_\_\_ Church Name: \_\_\_\_\_

Clergy's name: \_\_\_\_\_

Have you chosen a funeral Home? Yes No If so, which? \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Do you own a cemetery plot? Yes No

If yes, Please complete: \_\_\_\_\_

Name of cemetery

Town/State \_\_\_\_\_



**FINANCIAL STATEMENT FOR \_\_\_\_\_**

<b>Liquid Assets</b>	Institution	Amount
Savings/Cash	_____	_____
Checking Account	_____	_____
Certificate of Deposit	_____	_____
Life Insurance Cash Value	_____	_____
Trust Value	_____	_____
Stocks	_____	_____
Bonds	_____	_____
<b>Fixed Assets</b>	<b>Market Value</b>	<b>Amount Owed</b>
Primary Home	_____	_____
Secondary Home	_____	_____
Land	_____	_____
Burial Plot	_____ Cemetery: _____	_____
Other	_____	_____
<b>Sources of Income</b>		
Social Security	_____	(__ Month __ Year)
Stock Dividends	_____	(__ Month __ Year)
Bond Income	_____	(__ Month __ Year)
Pension	_____	(__ Month __ Year)
Annuity	_____	(__ Month __ Year)
Other	_____	(__ Month __ Year)

**\*\*PLEASE NOTE: Documentation must be included with this form, that will verify the information on this statement.**

\*\* If information is not accurate or false it could impact admission decisions or Medicaid approval process.

\_\_\_\_\_  
Resident or Legal Representative \_\_\_\_\_  
Date

\_\_\_\_\_  
Presidential Oaks Representative \_\_\_\_\_  
Date



# Presidential Oaks

200 Pleasant Street ~ Concord, NH 03301  
(603) 724-6100 ~ (800)678-1333 Ext 675 ~ Fax (603) 228-7150

This form is to be completed and submitted to the  
Primary Care Office.

## AUTHORIZATION FOR RELEASE OF INFORMATION

Name of Primary Care Office:

Address:

Provider:

You are hereby authorized to release medical information to date, in the form of a face sheet, discharge summary, history, physical, consultation reports, nurses notes, diagnostic studies, PT/OT/ST evaluations and other treatments (including any treatment for mental health, alcohol, or drug abuse) from the medical records compiled during treatment at your facility.

Please release these documents to:

Mikyla Pixos  
Admissions Director  
Presidential Oaks  
200 Pleasant Street  
Concord, NH 03301-2599

Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signed: \_\_\_\_\_  
Applicant or responsible person

Date: \_\_\_\_\_  
Release expires 1 year from signature date

Witness: \_\_\_\_\_

Relationship: \_\_\_\_\_

Authorization must be signed by the applicant or by the next of kin or legal guardian (when the applicant is mentally incompetent).



Dear Applicant,

Thank you for your interest in Presidential Oaks. Enclosed is our Application for Admission into our community. Please send Photocopy of these documents:

- ID card/ License.
- Birth Certificate.
- Insurance cards (Healthcare and Prescription).
- Covid Vaccine Proof.
- Advanced directives for Financial, as well as Medical.
- Financial statement enclosed, will need proof of accounts to be submitted with the application.

Please call or email with any questions.

Thank you for your application and we look forward to working with you.

Sincerely,

Mikyla Pixos- Admissions Director

Presidential Oaks

200 Pleasant Street

Concord NH, 03301

[Admissions@PresidentialOaks.org](mailto:Admissions@PresidentialOaks.org)

P: (603) 724-6100

F: (603) 228-7150