

**Staff Use Only**

Date Received:

Action Taken/Date: Accepted: \_\_\_\_\_ Denied: \_\_\_\_\_ Waiting List: \_\_\_\_\_



**BethHaven Incorporated  
Application for Residency**

Name \_\_\_\_\_ Sex \_\_\_ M \_\_\_ F \_\_\_

Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_ Medicaid No. \_\_\_\_\_

Street Address \_\_\_\_\_

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

How long at this address \_\_\_\_\_

Reason for applying to BethHaven:  
\_\_\_\_\_

If denied by BethHaven, where will you live?  
\_\_\_\_\_

Psychiatrist \_\_\_\_\_ Telephone \_\_\_\_\_ FAX: \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Therapist \_\_\_\_\_ Telephone \_\_\_\_\_ FAX: \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Date and place of most recent hospitalization:  
\_\_\_\_\_

Cause:  
\_\_\_\_\_

Primary Psychiatric Diagnosis:

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Current Medications \_\_\_\_\_

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Special Needs \_\_\_\_\_

Physical Limitations \_\_\_\_\_

Education and Work History:

Highest grade completed \_\_\_\_\_ High School Diploma? \_\_\_\_\_

College \_\_\_\_\_ Degree \_\_\_\_\_ Trade School \_\_\_\_\_

Military Service \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Favorite subject in school \_\_\_\_\_

Do you enjoy learning new things? \_\_\_\_\_

Do you have any special skills or talents?

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Work Experience with dates \_\_\_\_\_

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What job gave you the most satisfaction? \_\_\_\_\_

If you are presently working, where? \_\_\_\_\_

How many hours a week do you work? \_\_\_\_\_

If you are not now working, do you expect to seek employment in the future? \_\_\_\_\_

Income information:

SSI? \_\_\_\_\_ Amount \$ \_\_\_\_\_

Social Security? \_\_\_\_\_ Amount \$ \_\_\_\_\_

VA pension \_\_\_\_\_ Amount \$ \_\_\_\_\_

Workman's Compensation \_\_\_\_\_ Amount \$ \_\_\_\_\_

Family \_\_\_\_\_ Amount \$ \_\_\_\_\_

Earnings \_\_\_\_\_ Amount \$ \_\_\_\_\_

Other \_\_\_\_\_ Amount \$ \_\_\_\_\_

Total of income from all sources Amount \$ \_\_\_\_\_

(Emergency identification data)

Emergency  
Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone(home) \_\_\_\_\_ (work) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone(home) \_\_\_\_\_ (work) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Dentist: \_\_\_\_\_ Telephone \_\_\_\_\_

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

Allergies: \_\_\_\_\_ Blood Type \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair color \_\_\_\_\_ Eye color \_\_\_\_\_

Distinguishing physical features, scars, etc. \_\_\_\_\_

Religious  
Preference: \_\_\_\_\_

Ethnic Group: African American \_\_\_\_\_ Asian \_\_\_\_\_ Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_

Native American \_\_\_\_\_ Other (explain) \_\_\_\_\_

Personal Information:

Do you like to make new friends? \_\_\_\_\_

Do you generally follow rules and regulations? \_\_\_\_\_

At BethHaven, residents are expected to do their own laundry and to help with household chores and maintenance. Are you willing and able to do these things? \_\_\_\_\_

Are you willing to abide by group decisions even when they are in conflict with your own desires? \_\_\_\_\_

Are you willing to have your medication monitored? \_\_\_\_\_

How long have you had emotional difficulties? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ Use alcohol? \_\_\_\_\_ How often? \_\_\_\_\_

Do you or have you ever had a substance abuse problem? \_\_\_\_\_

References: List two or three people who know you well. give names, addresses, and telephone numbers.

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**Application Disclosure Information: (As required by the Colorado Department of Public Health and Environment Standards for Assisted Living Facilities Standard: 6CCR 1011-1)**

1. Please fill out the accompanying releases and send or take them to the institution or institutions that have your most recent psychiatric records.
2. The BethHaven Care Committee consisting of the resident, family members, President or designee of BethHaven Incorporated, and the Rocky Mountain Options Case Manager (for Medicaid residents) must review these records before a decision can be made as to the suitability of placement regarding a resident's physical, medical, and mental health needs.(8.495.2B)
3. Only resident applicants whose needs can be met by the facility within its licensure category shall be admitted. The facility's ability to meet resident needs shall be based upon the pre-admission assessment of the resident's physical health, social needs, preferences, and capacity for self-care.1.105(1)(a)
4. BethHaven cannot admit or keep any resident requiring a level of care or type of service which this facility does not or is unable to provide. This includes residents who are or have:
  - Consistently or uncontrollably incontinent
  - Totally bedridden with limited potential for improvement
  - Needing medical services on a twenty-four hour basis
  - Needing restraints
  - A communicable disease or infection
  - A substance abuse problem unless problem is no longer acute as determined by a physician.1.105(1)(b)(i-vi)
5. A resident Board and Care Plan will be developed by BethHaven at the time of admission to address resident needs. Resident Board and Care Plans will be reassessed annually or when a significant change in need is indicated. All assessment records will be stored in the resident's chart.1.107(3,c), 8.495.6.F.5.b.i
6. Limited available accommodations do not allow for roommate choices.8.495.4.F
7. Individual residents are not allowed to cook in their rooms. A microwave oven is available for resident use in the resident lounge. Residents may participate in kitchen duties if they are able to do so as determined by staff.8.495.6.E.10

Resident applications and psychiatric records may be sent to:

BethHaven Incorporated  
P.O. Box 326  
Colorado Springs, CO 80901  
(719) 632-5920 FAX: (719)634-5002