

ELDERCARE NETWORK OF LINCOLN COUNTY

P.O. BOX 652
DAMARISCOTTA, ME 04543
Phone 207-563-2148
Fax 207-563-2149

21 WASHINGTON STREET
WISCASSET, ME 04578
Phone/Fax 207-687-2164

Preliminary Admission Application

- | | |
|--|---|
| <input type="checkbox"/> Boothbay Green / VCH | <input type="checkbox"/> Round Pond Green / VCH |
| <input type="checkbox"/> Edgecomb Green / VCH | <input type="checkbox"/> Waldoboro Green / VCH |
| <input type="checkbox"/> Jefferson Green / VCH | <input type="checkbox"/> Wiscasset Green / VCH |
| <input type="checkbox"/> Hodgdon Green, Damariscotta | |

Applicant's Name: _____ Date of Birth: _____

Current Address: _____

Social Security # _____ MaineCare # _____

Medicare # _____ Medicare Part D Plan & No. _____

Other Medical Insurance: _____

Living Independently With Family/Friends Boarding Home

Nursing Home Waiting in the Hospital Other: _____

Marital Status Single Married Widowed Separated/Divorced

Primary reason for interest in one of our facilities:

Projected date of move: _____ Telephone: _____

Health Information

Physician/Address: _____

Describe any medical problems (list known diagnoses):

Any mental health or behavior problems?

Medications being taken:

Describe any special dietary needs:

How does the applicant move between locations in areas on the same floor?

Moves around: Independently Wheelchair Walker Cane

Other: _____

Can Applicant do stairs? _____

Special needs, such as oxygen, injections, catheter? Please list: _____

____ Smoker ____ Non-smoker ____ Never Smoked

Financial Information

Current income source for applicant (check all that apply):

SSI Social Security VA Benefits Private Pension

Assets: _____ Other: _____

Does the applicant have community MaineCare? _____

Has the applicant applied for long-term care MaineCare? _____

If yes, approximate date of application: _____

***Name and Phone number of MaineCare case worker:** _____

Any other information to share? _____

Referral Information

Name of person making the referral: _____

Address: _____

Relationship: _____ Home phone: _____ Work phone: _____

Financial POA _____ Medical POA _____

Living Will _____ Advance Directives _____

Date: _____

Mail completed form for Hodgdon Green to:

Resident Application

ElderCare Network of Lincoln County

P.O. Box 652 Damariscotta, ME 04543

Mail completed form for VCH to:

Resident Application

Eldercare Network of Lincoln County

21 Washington Street, Wiscasset ME. 04578