



Dear Applicant for Admission,

Thank you for your interest in Saint Francis Home!

We welcome individuals who are 65 years of age or older, regardless of race, religion, or national origin. Our Community is affiliated with the Catholic Diocese of Richmond and we are honored to serve God's eldest children in a manner that assures respect and dignity.

Of utmost importance is our desire to offer an affordable, loving home that provides quality care to meet a person's individual needs. Those who find Saint Francis to be a good fit have a certain level of independence in personal care needs, ambulation, and safety awareness. They share in the life of the Home as they feel comfortable. The Home strives to assure that everyone finds a sense of peace and belonging.

A call or email is the first step in the Admission Process to the Home. We will have a preliminary conversation to discuss what you are looking for in your next home. Then you will complete the attached form and return to me with the following documentation:

- Copies of insurance cards
- Monthly income verifications (Social Security, pension, etc.)
- Three months of bank statements for all assets (checking, savings, IRA, etc.)
- Copy of Power of Attorney and Advance Directive

While you are completing the Self Assessment, you may schedule a tour to see available floor plans within your personal budget, and to see the life of the Home. After the preliminary information is reviewed, a more thorough screening will be made to ensure that the Home can support your individual needs. Hopefully within 2 – 3 weeks, you will be excited to hear that Saint Francis is welcoming you to join our Family.

Please do not hesitate to contact me with questions at (804) 256-1105 or dcrutchfield@SaintFrancisHome.com. I look forward to meeting you and hope that we may be of service to you in the future. God bless you!

Respectfully,

Deborah Crutchfield

Admissions Manager

SAINT FRANCIS HOME

Self Assessment

To be completed by Applicant or Authorized Representative

Date: _____

Applicant's Name: _____ Age: _____

To ensure that the Home may meet all of your needs, please respond to questions in the following areas:

PERSONAL CARE NEEDS:

Do you need Assistance with any of the following Activities of Daily Living? (please check)

	No Assistance	Some Assistance	Total Assistance
BATHING			
DRESSING			
TOILETING			
EATING/FEEDING			
WALKING			
WHEELING			
TRANSFERRING			
MEDICATION MGT.			
INCONTINENCE:	NEVER	OCCASIONALLY	USUALLY
BOWEL			
BLADDER			

MEDICAL/HEALTH STATUS:

Please list your current medical conditions, including mental health diagnoses, prior surgeries, or injuries.

List all medications that you currently take (please attach list if needed):

Do you have difficulty with your vision, hearing, or speech? If so, please specify:

Please check all special treatments currently needed.

- | | |
|--|---|
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Injections/IV Therapy |
| <input type="checkbox"/> Dressing/Wound Care | <input type="checkbox"/> Oxygen Use |
| <input type="checkbox"/> Glucose/Blood Sugar Testing | <input type="checkbox"/> PT/OT/Speech Therapies |
| <input type="checkbox"/> Special Diet | <input type="checkbox"/> Other: |

FINANCIAL NEEDS: (please include documentation)

Monthly Income (including Sources):

Total Assets (i.e. checking; please itemize different Resources):

Medical Insurance Coverage:

Are you Medicaid eligible or have you applied: _____

Please detail any other special needs you require.

Person Completing this Form:

Name: _____

Address: _____

Phone/Email: _____

Signature of Applicant or Authorized Representative

Date

Please note:

Saint Francis Home's primary goal is to care for our residents safely with respect, compassion and dignity. While we truly want our residents to remain with us throughout their lives; there are times when their conditions may change beyond our ability to care for them safely and to meet all their medical needs. If a decline in condition prevents us from meeting this goal, staff will facilitate a transfer to a facility that can provide the appropriate level of care.